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ANNUAL ADDRESSES
OF THE
PRESIDENT OF THE MEDICAL SOCIETY
OF THE
DISTRICT OF COLUMBIA

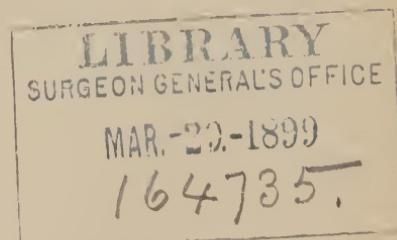
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BY

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PRESIDENT OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA 1877-94-95-96-97-98-99;
MEMBER OF THE PHILOSOPHICAL AND ANTHROPOLOGICAL SOCIETIES OF THE CITY
OF WASHINGTON, OF THE WASHINGTON ACADEMY OF SCIENCES, AND
OF THE COLUMBIA HISTORICAL SOCIETY; AUTHOR OF PERSONAL
REMINISCENCES; A SOUVENIR; PICTURES OF THE
CITY OF WASHINGTON IN THE PAST, ETC.



WASHINGTON, D. C.

1899.

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around Little Falls, constructed by the Potomac Canal Company, chartered by Act of the Legislature of Maryland in 1784. It shows also where the rivers were crossed by ferries, one at Georgetown and two at the mouth of Oxen Run, across the Potomac, and one across the Anacostia at the terminus of the road to Upper Marlboro, Maryland, which, perhaps, connected with the only roadway from Georgetown through the farm-lands of the original proprietors. Below Alexandria may be seen the mouth of Hunting Creek and Jones' Point, where the corner-stone of the District of Columbia was laid April 15, 1791. The plan of the city of Washington, as designed by L'Enfant, is shown in outline 142

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ANNUAL ADDRESSES
OF THE
PRESIDENT OF THE MEDICAL SOCIETY OF THE
DISTRICT OF COLUMBIA.

INTRODUCTION.

THESE Addresses have been printed in separate pamphlet form by order of the Society. In view, however, of the value of the current historical data therein contained, the author deems their preservation in a more permanent form sufficiently desirable to justify their reproduction in the form of a single volume. In this manner, with a full index, the data will be accessible to any one who may be interested in the history and progress of the Society during the period to which they refer.

The Addresses have been carefully revised, without mutilation or omission of a single sentence, but with a few trivial additions and verbal alterations to correct and complete some historical data.

These Addresses set forth and emphasize the advance of the Society along the line of scientific medicine and its activity in the promotion of State medicine and public hygiene. For many years the Society had limited its proceedings mainly to the consideration of practical subjects incident to the ordinary routine of the physician's daily work, but with the assertion of its prerogative of leadership, in this community, in all matters pertaining to sanitation and preventive medicine, it has advanced so rapidly

along the line of State medicine that few communities in this country are better protected by sanitary legislation. The summary in the Address of 1898 sets forth the importance, utility, and magnitude of such legislation, and emphasizes the work and activity of the Society in efforts to limit and eradicate the causes of preventable diseases. This broader conception of its duties and obligations has so widened the scope of its usefulness and influence that it has attained to the dignity of an authoritative exponent of scientific medicine and sanitation and an equally potential director in measures of municipal and public hygiene.

So much has been accomplished, the hope is cherished that the Society will continue, with unabated zeal, to prosecute its beneficent work in the interest of and for the welfare of the public at large until the code of health ordinances and sanitary legislation is sufficiently complete to afford protection of every individual from the avoidable causes of diseases due to unsanitary and preventable conditions.

With organized effort, unity of purpose, and courage to assert its prerogatives, the Society will not only maintain its status of high repute, but attain to the fulfilment of the highest aims of a beneficent and life-saving profession. Surely such an inspiration is sufficient incentive to such good offices as will redound to the honor and glory of every laborer in this field of productive usefulness, and merit the approbation of a grateful community. The scope of scientific medicine has extended far beyond the limits of administrative services to the sick, and stretches far into the realm of authority to teach, lead, and direct. It enjoins upon every practitioner of medicine the duty of adding individual effort in support of every measure of protection of the health of his fellow-citizens. This is not a new field of duty.

"As good citizens it is the duty of every physician to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to

matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dictaries of hospitals, asylums, schools, prisons, and similar institutions; in relation to the medical police of towns, as drainage, ventilation, etc., and in regard to measures for the prevention of epidemic and contagious diseases, and, when pestilence prevails, it is their duty to face the danger and to continue their labors for the alleviation of suffering, even at the jeopardy of their own lives.”¹

Every member of the Society has voluntarily assumed these and other obligations and responsibilities of the Code of Ethics of the American Medical Association, and has affixed his signature to a pledge “to comply with the same.”² The recent adoption and enforcement by the Medical Association of the District of Columbia of a code of hospital and dispensary regulations³ is conclusive evidence of the determination of that body to fulfil the requirements of public duty enjoined by the code of ethics, and the good results which have so quickly followed have demonstrated the power of united action and the wisdom of its efforts to reform hospital and dispensary abuses.

To complete the history of the efforts of the Society to promote the sanitation of the city the paper entitled “History of the Efforts to Secure a Better Water-supply for the City” has been incorporated in this volume as an addendum to the address of 1898. This paper was read before the Society at the meeting held February 23, 1898, and was printed in Senate Document No. 183, Fifty-fifth Congress, second session.

¹ Code of American Medical Ethics.

² Regulation twenty-six of the Medical Association of the District of Columbia.

³ See address of 1897.

ADDRESS OF THE PRESIDENT AT THE SEV-
ENTY-FIFTH ANNIVERSARY OF THE
MEDICAL SOCIETY, D. C.

[Delivered February 16, 1894.]

LADIES AND GENTLEMEN : Inasmuch as the occasion which has brought us together to-night is one of those historic events which emphasize the permanency of this city as the capital of a great and powerful nation, and, following so quickly the commemoration of the centennial anniversary of the laying of the corner-stone of the Capitol, identifies the history of medicine with that of the city from its foundation to the present time, I will venture to recall your attention to such historic data as will establish the coincident relation of the medical profession with its early history, development, and present prosperous condition.

On the 9th of July, 1790, Congress passed, and on the 16th of the same month Washington approved, the act "establishing the temporary and permanent seat of the Government of the United States on the river Potomac." In March, 1791, Washington issued a proclamation defining the limits of the new federal territory and directing the commissioners and engineers to proceed with the preparation of the plan of the government city. On the 18th of September, 1793, the corner-stone of the Capitol was laid by Washington, and on the third Monday of November, 1800, the Congress of the United States began its first session in the Capitol in this city.

When Drs. Samuel Brown and John Crocker settled here "the territory was inhabited by a few farmers, their servants, and perhaps some tradesmen and fishermen."¹ "With the

¹ Anniversary address by Dr. J. M. Toner, September 26, 1866.

settlement of Frederick May, a native of Boston and a graduate of Harvard University, in 1795, medicine as a science had its beginning in the city of Washington. Others followed, and in 1815 there were nine physicians and two practising apothecaries.”¹ The first associate assemblage of physicians of this city took place in 1813, called by public advertisement “to take suitable notice of the death of Dr. Benjamin Rush,” the Father of American Medicine, and “to appropriately commemorate his life and professional services.”²

Perhaps prior, but certainly during several years succeeding this date the influx of charlatans and pretenders was so extraordinary, and such injuries and wrongs were perpetrated by them upon citizens, that the qualified physicians began to consider and discuss methods of procedure and organization by which the community could be protected from such wrongs and informed of the qualification of those fitted to practise the healing art. Those efforts culminated in a petition to Congress in 1818, signed by twenty-one physicians, for the charter, which was granted, and approved by President Monroe on the 16th of February, 1819.

We have invited you here to-night to unite with us in commemoration of that event. And, now that you know that those noble founders were animated by the highest inspiration of Christian philanthropy and beneficence in the foundation of a medical society which has lived through a period of seventy-five years, contemporaneous in history with the federal city and the Government, you will appreciate and honor the pride we take in giving expression to our praise and gratitude in memory of those noble men on this anniversary night.

From twenty-one it has grown to an active resident membership of two hundred and fourteen, of whom but two have passed the age of allotted lifetime, and its senior in member-

¹ Ibid.

² Ibid.

ship is a decade younger than it. I need not, then, tell you that in physical vigor and intellectual alertness it is now in the very prime of mature life.

Such youth and vigorous manhood have not always characterized its membership. The average age has diminished with time and the increase of numbers. Among the honored dead twenty-eight¹ lived beyond threescore and ten, of whom six were founders; twenty died at ages between fifty and sixty-three years after the date of graduation; and seven held continuous membership in this Society for periods of fifty to sixty-three years.

¹ TABLE OF DECEASED MEMBERS LIVING BEYOND THRESCORE.

	Date of admission to the Society.	Date of graduation in medicine.	Date of death.	No. of years living after graduation.	No. of years of continuous membership	Founders.	Age.
Antisell, Thomas	1859	1839	1893	54	34	.....	76
Blake, John B.	1826	1824	1881	57	55	.....	81
Bolhrer, B. S.	1817	1810	1862	52	45	Founder.	77
Borrows, Joseph	1838	1828	1889	61	51	.....	82
Cutbush, Edmund	1820	1794	1843	49	23	.....	71
Condit, H. F.	1838	1830	1893	63	55	.....	89
Dawes, Frederick	1838	.....	1882	...	...	.....	74
Dick, E. C.	1817	1792	1825	43	8	.....	75
Fairfax, Orlando	1830	1829	1882	53	51	.....	76
Hall, J. C.	1838	1827	1880	53	42	.....	75
Howard F.	1842	1841	1888	47	46	.....	77
Jones, William	1817	.....	1867	50	50	Founder.	77
Johnson, Richmond	1834	1826	1874	48	24	.....	...
Lieberman, C. H.	1844	1836	1886	50	42	.....	74
Lindsley, Harvey	1834	1828	1889	61	55	.....	84
Magruder, Hezekiah	1850	1826	1874	48	24	.....	70
May, Frederick	1817	1795	1847	52	30	Founder.	74
Mav, J. F.	1840	1834	1891	57	51	.....	80
McWilliam, Alex.	1817	.....	1850	...	33	Founder.	75
Patze, Adolphus	1864	1838	1886	48	22	.....	82
Riley, Joshua	1827	1824	1875	51	48	.....	75
Ritchie, Joshua	1840	1839	1887	46	47	.....	72
Tyson, S. E.	1848	1832	1883	51	35	.....	74
Tyler, Grafton	1846	1833	1884	51	38	.....	73
Walsh, Joseph	1843	1843	1879	36	31	.....	73
Warfield, P.	1817	.....	1856	...	39	Founder.	76
Worthington, C.	1817	1782	1837	54	39	Founder.	77
Young, Noble	1838	1828	1883	55	45	.....	75

The average age of these venerable decedents was seventy-six and one-half years, the youngest of whom died at seventy, in 1874, and the last at eighty-nine, in 1893. In the primitive era of medicine in this city and during the early history of this Society the life of the general practitioner could not have been less arduous than since. Many of them began life when the practice of medicine was primitive and unremunerative in a community struggling with poverty in the development of a new city. It is true that the average lifetime of the medical is much less than of either the legal or clerical professions, but this general law of vital statistics fails to explain the average youth of the present membership, which represents five of the eight decades of the life-history of this Society. These data are somewhat phenomenal, and perhaps without special significance; nevertheless, they emphasize the fact that the pursuit of the art of healing is not conducive to longevity, and, whilst the average life of men in general is increasing, that of the medical profession is decreasing. With an average age of forty-three and one-half years, and a prospective death-rate of 57 per cent. under sixty-five, the problem of life and longevity is of sufficient magnitude to command your attention. It will not do to ascribe this high death-rate during the prime of life and manhood wholly to mental worry, sleepless tire, and inadequate remuneration, for these find compensation in the assured livelihood, conscious pleasure and consolation of duty well done. Whether referable to such æsthetic or to graver considerations, the time has surely come when the causes of the comparative low average life of men engaged in the science of saving and prolonging life should be intelligently and definitely ascertained. Those few, thirteen in all, who have reached and passed the age of highest death-rate are equally sure of the inevitable, but can offer their juniors the consolation of their good wishes.

The elder May came here in 1795, five years before the transfer of the Government to this city. He was a pioneer

who prepared the way for others, and the founder through whose professional life the history of medicine in this city during the years antedating the organization of this Society can be traced through membership to and before the establishment of the Government here and continuously with its growth and development down to the present time. His son, John Frederick, was born and began the practice of medicine in this city and died a member of this Society, at the age of eighty, leaving a son, now an active resident member. In this family the continuity of membership has been unbroken from its organization to the completion of its seventy-fifth anniversary. This Society, then, claims a lifetime beginning before the Government at Washington and coeval with the foundation of the city on the river Potomac.

The Medical Society of the District of Columbia is the youngest of twelve medical societies in this country now in existence which have reached and passed the seventy-fifth year of continuous active life, and is the oldest, if not the first, scientific body chartered by an act of the Congress of the United States. Ten of its founders were natives of Maryland, four of Virginia, two of Massachusetts, two were born within the present limits of the District of Columbia, and of three the nativities are unknown. In personal lineage it is confined to three of the original thirteen States, but as a scientific body it claims ancestral descent from eleven progenitors, who are present by representation with us to-night. It is, however, the natural and direct heir of the Medical and Chirurgical Faculty of Maryland.

With such an ancestry, dating back to 1766, during the period of colonial discontent and strife; a foundation springing from the noble impulses of humanity and inspired by motives of high professional responsibility; fulfilling in its corporate capacity, throughout its long life, the charter declaration to promote and disseminate medical and surgical knowledge, and keeping abreast with the progress of a science which has made medicine the handmaid of religion, do you wonder

that the successors of those who gave birth to this Society, now living in a community representing the intelligence, civilization, progress, and power of a nation of sixty-five millions of free people, should invite you to this reunion to tell you how faithfully they have kept the promise of its founders, and to unite with them in giving thanks and praise to that Providence which rules the universe?

The period comprising the years from 1819 to 1894 has been one of marvellous progress in science, literature, art, and in all that pertains to Christian civilization. The village city with its domain of farms, scattered homes, graphic streets and avenues, "squares in morasses" and "obelisks in trees," has become the metropolis of a munificent nation, under whose supervision it has grown into a city surpassing in beauty and rivalling in attractiveness the more favored cities of both the Old and the New World, and holding together in one compact community a cosmopolitan population, where education and culture need neither the blazonry of titular insignia, the heraldry of ancestral distinction, nor the glamour of wealth to command position and influence.

During the same period medicine, here and elsewhere, advancing along the lines of pathological research and physiological therapeutics, has escaped the era of hypothesis and speculation, and now as a science of precision and demonstration commands the respect and homage of the civilized world. Now, as heretofore and everywhere, it is foremost in charity, unselfish in devotion to the welfare of public health, magnanimous under public and private wrongs, and generous to a fault in unremunerative perils and responsibilities.

But even this is not the full measure of its philanthropy. The mission of preventive medicine and sanitary science will not be attained until the causes of disease are eradicated and death is limited to the ailments to which flesh is necessarily heir and the processes of natural waste and decay. How soon, if ever, this may be accomplished remains with the laity; medicine will continue the pursuit with the zeal and

courage of a scienee which seeks the welfare of mankind rather than place and fortune. The medical is the only profession, trade, or oecupation which seeks, by the progressive attainment of its ultimate object, the eontinuous decrease of emolument.

One of the most pleasing incidents of this oecasion is the presencee of representatives of the eleven ancestral societies, the oldest of which was organized in 1766, in the State of New Jersey. This exhibition of fraternity is an exemplification of that beneficent spirit which dominates the medieal profession and makes kindred of us all.

Honored colleagues who will follow me will tell you of its achievements in science and of its edueational and eliaritable foundations. I have only to eonclude with a few words addressed to my eolleagues and juniors.

It could not have oecurred before, and can never occur again, that the senior in membership will be unanimously re-elected to the presideney on the forty-fifth anniversary of his membership and preside at the commemoration of the seventy-fifth anniversary of this Society. Such a unique compliment cannot be aeknowledged in words which will completely and fittingly convey the gratitude I feel for such expression of personal and professional regard. At the centennial reunion some one of you will stand where I now stand, upon whom will devolve the duty which thrills me with pleasure to-night. In the enforced retirement which must come soon I will cherish the hope that each one and all of you may live to celebrate the golden wedding-day of professional life, and in communion with the Saviour of man, who was first to heal the sick, the lame, the halt, and the blind.

MEDICAL SOCIETY OF THE DISTRICT OF
COLUMBIA, WITH SOME IMPORTANT
RECOMMENDATIONS.

[Delivered December 19, 1894.]

GENTLEMEN: My first intention was to make this address a narrative of some reminiscences of my early professional life, that I might contrast the life and trials of the beginner forty-seven years ago and now; but after its preparation I concluded it would be an unjustifiable departure from the custom of the occasion, and an unwarrantable liberty on the part of the chief executive officer to seek the discharge of such an official duty with a narration of personal reminiscences—especially so, in view of the historic and instructive incidents of the present year.

The present has been an eventful year in the history of this Society. The commemoration of the seventy-fifth anniversary, on February 16th last, marked an epoch which will be held in lasting remembrance by all who participated in the exercises of that brilliant occasion.

In view of my official connection with that event and present relations with the Society, it becomes my duty to collate and record in some permanent form the more important incidents relating thereto, and growing out of that event, which have made the present the most prosperous and instructive year in the history of this Society.

The cordial and fraternal response of the eleven senior medical societies in this country to the invitation to unite with us in giving expression to our praise and gratitude in memory of the noble men who founded the Society in 1819 was a fitting exhibition of that fraternal comity and goodwill which make kindred of us all.

An occasion which brings together such kindred spirits in homage to a common pursuit, animated by the inspiration of a beneficent profession, enlarges the scope of thought and broadens the conception of reciprocal duty. It lifts men out of the rut of provincial utility, widens the field of active usefulness, and gives spirit and activity to the hopes of a future more brilliant than the past.

If not before, we know now, that this Society, now in the prime of mature life, has attained that standing which places it among the foremost medical societies in this country. It has been my good fortune, on many occasions, during the past twenty-five years, to meet in various assemblages the most distinguished men of our profession in this country and many abroad, and I have always returned home with the conviction that there were members of this Society quite up to the highest attainments of the scientific physician. The more I have seen of the profession in general, the higher has been my estimate of the talent at home. Such is the statement of one who wishes to utter only the simple and unreserved truth of observation and conviction.

During the present year thirty-five members have been admitted to full active membership. This fact, together with the largely increased average attendance (53) at the regular meetings, gives impetus to the progress which has marked the history of this Society since 1866. During the first session of this year the average attendance was $42\frac{1}{2}$, the highest number at any one meeting being 86 and the smallest 26. During the present session the average attendance has been 73, the highest number at any one meeting 105, and the smallest 48. So that it is shown that the attendance has continuously increased during the year. Our distinguished historian, Dr. J. M. Toner, has collected ninety-four titles, to which a few others might be added, of contributions to medical and other scientific journals by members of the profession of this District who died prior to 1866, which, he adds, "make a very creditable exhibit of their intelligence,

high culture, industry, skill, and powers of observation." Those ninety-four essays were the contributions of thirty men; fifty-seven were by seven authors, and thirty-two were the contributions of four Army and two Navy surgeons. The lack of ambition, at least so far as it might relate to the acquisition of a national reputation, seems to have been a characteristic of the earlier members of this Society, among whom were some very learned men. It does not appear that any one of them took advantage of the unusual opportunities for the attainment of a national reputation offered by a residence in a city to which came annually the most distinguished statesmen, jurists, and politicians from every part of the country, and in which resided the men holding high positions in the National Government and the foreign embassies. It cannot be asserted that the reputation of any one of those learned and accomplished physicians extended beyond the limits of the "Ten Miles Square." Many circumstances may have induced such modesty and reticence—such as the laborious life of medical men during that period; the competitive struggle in a new and cosmopolitan city, with limited mail and transportation facilities; their interest and activity in local enterprises; the want of a leader with courage and ambition to set the example, and with capacity to take the lead in scientific medical literature; the limited opportunities in the country for such publication, and none in this city—but the most rational explanation lies in the fact that prior to 1866 this Society only met occasionally, at very remote intervals, for the discussion of medical and scientific subjects. The last clause in the preceding sentence sounds the keynote of progress and eminent success in every medical community. A practical and active working medical society is the final extension of the collegiate and hospital education. The later history of the profession in this District establishes the fact that, with but few exceptions, those who have attained the greatest success have been active and intelligent workers in this Society.

Since the date (1866) at which the scientific department was reorganized, the number and value of such contributions have increased beyond the possibility of any statement, sufficiently condensed for this address, that would intelligently and adequately set forth their actual and relative scientific value. Suffice it to say that many, both in the line of exhaustive discussion and original research, have been of the highest merit and given to their authors world-wide reputations. Much, however, remains to be accomplished. The transactions of the current year give promise of a progressive future and the speedy attainment of that success in medical science which its location at the National Capital demands.

Time does not permit me to note all the papers (twenty-eight) and discussions worthy of honorable mention, but to omit reference to some of more than ordinary interest would be inexcusable neglect of an imperative duty. In this class I include the paper, with discussion, on diphtheria; the paper, with the discussion, on typhoid fever; and the paper and discussion on appendicitis; as also the report of the special committee, with the discussion, on tuberculosis, and the report on the water-supply and methods of filtration of some of the Continental cities. This special notation gives expression with marked significance to the ability, industry, and patient research of those to whom credit is due, and to the value of the information added to the common store of medical knowledge. The recent papers and discussion on ear diseases are worthy of the highest commendation. I regret that the report of the special committee charged with the investigation of the recent introduction of smallpox in this city could not be submitted during the present session. The symposium on tuberculosis was the most complete presentation of recent knowledge of the subject that has been made. But the subject which has attracted the most widespread interest and attention is the report of the special committee on the causes and prevalence of typhoid fever in the District of Columbia. It has disseminated more generally

the reputation of this Society than any paper or report ever read before it, though in scientific value it could not exceed the elaborate discussions on diphtheria and tuberculosis.

For the first time in the history of this great Government, the House of Representatives of the Congress of the United States has, through one of its standing committees, invited a medical society to appear, through a committee of its own members, before it to present and explain the report of its investigations into the causes and prevalence of typhoid fever in this District, and the importance and necessity for an increased and improved water-supply and sewerage extension; and, after having heard that committee, ordered, by joint resolution of both houses of Congress, four thousand copies of the report to be printed and illuminated with the graphic illustrations which your committee had prepared to exhibit and demonstrate the completeness of its investigations. Never before in the history of this Society has the municipal government sought its advice and counsel in matters of grave importance pertaining to sanitary science, and given promise of cordial co-operation in efforts to secure the enactment of laws to regulate the practice of medicine in the District of Columbia, to secure a supply of pure milk, and to prevent the desecration of graves. And not until recently has any body of its citizens requested a conference with a committee of this Society in the interest of the reforms referred to, in which the Board of Trade is equally concerned and has declared its purpose to promote. What is the significance of such facts as I have thus collated? Do they not emphasize the power and influence of this Society in this community, with men and bodies of men, and with the local and national governments; and invite it to expand its usefulness in a more aggressive policy, in the line of additional and reformatory legislation promotive of sanitation and preventive medicine? I appeal to you to accept the exhortation I have so often delivered to you—assert yourself, that you may widen the sphere of your usefulness and influence. To this end I

offered, at the semi-annual meeting in July last, the following amendments to the Constitution, which I commend to your favorable consideration.

1st. On or about the first Monday of January, annually, there shall be appointed by the President a Committee on Public Health, to consist of seven active members.

It shall be the duty of said Committee on Public Health to report annually, in January, the condition of the public health for the preceding year.

2d. On or about the first Monday of January, annually, there shall be appointed by the President a Committee on Legislation, to be composed of seven active members. Said Committee on Legislation shall discharge such duties pertaining to legislation as the Society may direct.

These two propositions are of sufficient importance to command your attention. The third introduces a debatable issue, and is as follows :

3d. On or about the first Monday of January, annually, there shall be appointed by the President a Committee on the Relation of the Medical Society of the District of Columbia to the Public Welfare, to consist of five active members.

It shall be the duty of this committee to consider the propriety and expediency of communications to the public either by the publication of reports or abstracts of the proceedings of the Society, and of the admission of reporters or other persons to the meetings on special occasions.

When said committee, with the consent of the Society, shall determine to make any communication to the public, it shall prepare and supervise the printing and publication of such communication.

The purpose of this third proposition is to prescribe some definite method of communicating with the public at large, when, as occasion may occur, it is important or necessary that the general public should be advised of the consideration of matters that refer to the well-being and healthfulness of the community, and in which there is such general

interest as makes it expedient and proper to present the consensus of medical opinion to the consideration of the community at large. Some such regulation or reform is a very desirable advance in the method of this Society. It will bring it in closer touch with public sentiment and place its membership upon the highest plane of good citizenship. The meetings of the American Medical Association and of its sections; of the State Medical Societies, of the Congress of American Physicians and Surgeons, and of the various special societies are open to the public without the semblance of restraint upon the admission of the general public. Why should this Society deny admission to laymen to a discussion on the differential diagnosis of chickenpox and smallpox, or on the prevention and management of tuberculosis, such as took place during the present year, or on the report of the committee on the causes and prevalence of typhoid fever in the District of Columbia? We cannot fill the measure of our responsibility, and acquire the power and influence in this community that belong to us, if this Society continues to withhold from the general public the information to which every good citizen is entitled. The Sanitary League and the Board of Trade have already grasped the opportunities in which this Society should have, long ago, assumed the leadership.

When I came here (1848), and for many years previous, there was a coterie of medical men distinguished for their professional attainments and honored for their public spirit. They came to the front in every enterprise to promote the well-being of society, the comforts of life, and the happiness of the people at large. Their habits of life, general information, and high sense of public duty not only fitted them for the common duties of good citizenship, but impelled them to share the responsibilities and obligations in all measures pertaining to the commonweal. That such men should command a dominant influence in any community goes without saying. But it is not so much the fact that

such was the case as it is the example that should be of most value to their successors and survivors. The medical profession does not entail compulsory exemption from the ordinary public duties of good citizenship, and the time has come when this Society should assert itself with all the vigor, force, and power which such a body of men united in a common cause could develop and exercise.

During the present year the class of "membership by invitation" has been increased by the election of thirty-five men, coming from the medical corps of the Army, Navy, and Marine Hospital Service, the three chief officers of these corps being included in the number. This is a full and complete restoration of the *esprit de corps* and comradeship which subsisted in the earlier period of the history of this Society, but had practically lapsed for many years past, due, perhaps, more to inadvertence than to intention. That you may the more fully realize the importance and significance of this restoration, let me recall your attention to the active and direct participation of surgeons in the Army and Navy in the foundation and organization of this Society and of the Medical Association. Thomas Henderson and Richard Weightman, of the Army, and Samuel Horsley, of the Navy, were founders. Henderson and Horsley were present at the meeting of the physicians of Washington and Georgetown, September 26, 1817, called to consider the expediency of the "organization of a medical society." The former was one of seven appointed, at that meeting, to "draft a constitution and by-laws," and at the first meeting, held after the adoption of the report, Weightman was elected Librarian, and Henderson Recording Secretary, to which office the latter was re-elected at the first meeting (March 8, 1819) held after its incorporation. These incidents in the early history of this Society affirm the close relation and active co-operation of the two military corps, through their distinguished representatives, in the preliminary organization and the foundation of a medical society which has continuously

maintained an active existence in commemoration of the wisdom of its founders. In 1820 Edmund Cutbush, of the Navy, and in 1822 Joseph Lovell, the first Surgeon-General of the Army, were admitted to membership; and throughout the entire period of seventy-five years there has been a continuous succession of membership of Army and Navy surgeons.

Strange as it may seem, it is nevertheless true that Surgeon-General Lovell was the founder of the Medical Association of the District of Columbia. Thomas Miller, in his inaugural address, delivered upon his accession to the presidency, states distinctly that the preliminary movements to effect the organization were suggested by General Lovell, and that he furnished a transcript of the rules and regulations of a similar society in Boston for the instruction and guidance of those associated in its establishment. Lovell and Henderson were members of the committee to draft "a system of ethics and fee bill." Lovell was elected one of the counsellors at the first meeting, and Henderson was the author of the address to the public to explain the objects and purpose of the organization and quiet the discontent and animosities which had incited the community to threaten acts of violence.

The active influence of Lovell and Henderson in the organization and permanent establishment of the Medical Association of the District of Columbia seems to have been entirely forgotten. It was formed to unite the profession into one concrete body, upon the basis of high professional character and decorum, and to establish and maintain uniformity of professional relation and intercourse between its members, thereby segregating the pretenders, charlatans, and men of low and doubtful repute, and, at the same time, present the profession to the community as a body of gentlemen animated by the highest impulses of honor, dignity, and the obligations of Christian physicians. The wisdom of its organization has been attested by its history.

The interesting and pertinent facts are that Army and Navy surgeons were actively instrumental in the organization of the two medical societies in the District, one of which has completed its seventy-fifth and the other its sixty-first year of continuous existence, and that the profession of this District owes to two Army surgeons the inception, organization, and successful defence of a society, established in 1833, to define and prescribe the rules and regulations of ethical intercourse and relations of medical gentlemen and of the profession with the public. Such historical events ought to guarantee permanency of good feeling and harmonious co-operation in all the relations of professional life and association between the members of these military corps on duty in this District and the profession, with so many of whom they may be brought into the closest professional intercourse.

And now, gentlemen of the Government service, in view of the foregoing citations of the early and recent incidents of our history, I offer you the greetings of a cordial and fraternal friendship, and bid you welcome to the home of your sires.

And I offer you the congratulation of a record without one negative vote on the admissions of thirty-five men.

The attempted but unsuccessful revolt of the community against the Medical Association of the District of Columbia was a most remarkable occurrence. It was a strange freak of public opinion that assembled citizens in mass meetings to organize concerted action to frustrate the united effort of physicians to enforce such rules of conduct as would secure to the community the full fruition of the highest qualifications of the medical fraternity, and harmonious co-operation among themselves in a common pursuit. And it was even more strange that the same citizens should in mass meeting, in angry misapprehension, have resolved to sever the close relation of the family physician, and, to accomplish this purpose, have invited from a distance an influx of strangers

to supply the places and accept the confidences of the evicted family physicians. It was not less remarkable that men so lacking in *esprit de corps* should have been so easily found to respond to such momentary outbursts of bad temper and bad manners. The sturdy independence and courage of such men as Lovell, Henderson, Thomas Miller, and their associates was in marked contrast with the conduct of those who took fright and withdrew from the Association and of those who refused to join it until peace had been restored. Fortunately for the reputation of the profession, there is no record of the names of such recusants, beyond the statement of Miller to the effect that "those who had withdrawn returned, and those who settled here under the call of the citizens petitioned for admission."

The Health Department of this District should command your immediate and active attention. With the present management, and your earnest and effective co-operation with the Board of Commissioners, and that body of intelligent and practical business men known as the Board of Trade, it may be speedily advanced to that standard of proficiency in sanitary science and practical work that will make it—what it ought to have been long ago—the most progressive and complete department of the kind, and an example to all others in this country.

There should be established, under the immediate and direct supervision of this department, a biological laboratory, equipped with a skilled bacteriologist, a competent assistant, and janitor, and supplied with all the appurtenances necessary for bacteriological examination of water, soil, dusts, milk, and food, and also to determine the presence and nature of specific pathogenic germs in cases of suspected contagious and infectious disease.

Just now, when the medical world is enthused with the experimental successs of antitoxin in the prevention and treatment of diphtheria, this capital of a great, rich, and powerful nation is without the means and appliances neces-

sary for even an experimental observation. The good or bad effects cannot even be seen, much less tested and verified. This city should be the centre from which should emanate the information relating to such a discovery, and from which should be distributed to the millions throughout the land a remedy which gives promise of such untold beneficence to mankind, in that it may rob that most dreadful and fatal disease of its virulence and mortality.

The phenomenal progress and discoveries in the past ten years give assuring promise of the coming triumph of medical science, when, with the consent and intelligent co-operation of the people, it will establish its ability to eradicate all preventable diseases, and then, and then only, will it have accomplished the highest aims of maximum beneficence.

Now, permit me to call your attention to some of the absurdities of the laws, regulations, and practices relating to the Health Department of this District.

The chief clerk of the department is the Deputy Health Officer—a combination of two systems in one occupation. If a Health Officer can only be qualified by a medical education, why is not such a qualification equally necessary for his deputy?

The inspection of plumbing is under the Engineer Department. Permits to do the work should remain as at present. It is not necessary that the inspector should be a physician, but he should be a thoroughly qualified officer and under the immediate direction and supervision of the Health Department.

The supervision of foods and drugs and prosecutions for adulterations is in charge of the Commissioner of Internal Revenue, a bureau of the U. S. Treasury Department—a glaring absurdity, fringed with red tape.

The Health Department is charged with the work of kidnapping unlicensed dogs and impounding other roving beasts.

The disinfection of private dwellings in which contagious diseases have occurred is entrusted to dog-catchers and cattle-

drivers, because of inadequate force and no money, with seven hundred thousand dollars surplus revenue in the vaults of the Treasury Department. The Pound Service "may be more honored in the breach than the observance," and the master and his whips may "be gashed with honorable scars," but the service lies too low in the lap of glory to command that class of intelligent employés required for the disinfection of private dwellings. The department should, without regard to cost, be supplied with the necessary apparatus, appliances, vans, and employés for prompt and efficient disinfection of dwellings, furniture, and clothing.

The medical relief of the poor, supervision of admission of the poor to hospitals, location and direction of free dispensaries, and control of physicians to the poor are distributed around and about to a variety of supervisions. They should be under one director, preferably the Health Department.

Deaths without medical attendance, suspicious and criminal deaths, may or may not, according to circumstances, be referred for investigation to either the Health Officer or Coroner, or both. Uniformity of procedure and certainty of result require that one of these officers should have the exclusive supervision of all such classes of deaths.

The jurisdiction of the Health Officer over the management of the public schools is limited to the abatement of nuisances in or about the buildings, vaccination of the scholars, and disinfection of buildings during prevalence of contagious diseases. Is it not as much the duty of the commonwealth or municipality to make vigorous and healthy mothers and fathers as it is to make scholars?

The power, prosperity, wealth, and progress of a nation consist, for the most part, in the number, health, vigor, and intelligence of its population. Should not then the Health Officer, or some other equally competent officer, be charged with some definite supervision of the plans and construction of the school buildings, and of the curriculum, that the physical being may not be sacrificed and dwarfed, either by

the absence of, or improper, physical culture, or too much and too high mental development?

As an additional illustration of the unwise and phenomenal legislation of Congress I will cite the following:

The joint resolution legalizing the health ordinances and regulations enacted by the Board of Health, before its abolition, excepts, by special designation, from such legalization Sections 7, 9, and 14 of the ordinance "to declare what shall be deemed nuisances injurious to health, and to provide for the removal thereof;" consequently those sections are inoperative and void.

Section 7 refers to the abatement of nuisances arising from stagnant water and marshy lands made "by defective drainage or otherwise."

Section 9 refers to the abatement of nuisances of "filthy and offensive" dwelling-houses or buildings "wherein people live, congregate, or assemble."

Section 14 limits the duties of scavengers to the officers appointed for that purpose.

The repeal of these provisions of the ordinance not only strips the Health Department of all powers to abate the nuisances referred to in Sections 7 and 9, which are so common and detrimental to health, but, by the repeal of Section 14, seeks the promotion and continuous increase of defective, leaking, and unclean privies, by inviting every householder to be his own scavenger.

With nine thousand privies in the city of Washington, there may be, by authority of Congress, an equal number of night-soil scavengers, with as many volunteer assistants, not one of whom would be amenable to any legal or sanitary regulation. Such are examples of the intelligent legislation for this District by the Congress of the United States.

And now, coming nearer to our fiduciary policies, look at the discrimination between the two professions. The attorney and his two assistants receive, respectively, four, two, and one thousand six hundred dollars per annum. The Health

Officer, medical sanitary inspector, and chemist inspector of dairy products receive, respectively, three thousand, fifteen hundred, and twelve hundred dollars per annum. But this is not all. The asphalt and cement chemist, street and sewer material, receives two thousand and four hundred dollars per annum, while the chemist of dairy products, the food of babies, children, and to a greater or less extent of the entire population, gets but twelve hundred dollars per annum—not much more than enough to supply a baker's family with abundance of pure fresh milk.

All these and many more of such incongruities of law, regulations, and practices are in vogue in this capital city of this great nation.

The study of the morbid specimens exhibited at the weekly meeting, an average of $2\frac{1}{2}$ each week, many of which were of great interest, has been too superficial for such a Society as this. As a rule, the members are content with an objective inspection and a description in outline of the case by the members in charge. I have attempted to elicit discussion, and occasionally indicated the points of special interest, hoping thereby to suggest a line of profitable debate, but without success. Such specimens offer the opportunity for the practical study of the nature and diagnosis of disease, and constitute the basis and groundwork of clinical medicine. Without such knowledge the practice of medicine must be experimental and empirical.

The exhibition of living illustrations of rare and special cases of disease should be encouraged. It will add greatly to the interest and instruction of our deliberations.

There is a prevalent misapprehension among the younger members in respect to their reluctance to engage in the discussions of scientific subjects because of the fear of criticism. There is no period of probation or parliamentary custom in this Society that imposes any restraint upon intellectual capacity and scientific attainment. He who knows what he has to say can and ought to say it. The youngest member

owes that much to himself and to his seniors. May I, in this connection, tell you that the first paper I read before a medical society, now forty-two years ago, was criticised with unflinching severity by the late Dr. Wotherspoon, of the Army? I was like the poor boy at a country frolic, but I did not hide behind the barn door and peep through the cracks to see who was in pursuit, but stormed the battery, coming out of it badly damaged, but alive, and have been myself ever since. May one who was a doctor before the parents of many of you were married, and who has passed through the crucible of criticism, invite and lead you to the front rank of active and aggressive membership, for which so many of you are so well fitted?

Some method should be devised to economize the time of the weekly meetings. The elaborate reports prepared by the very efficient Recording Secretary consume a period of time varying from twenty to forty minutes, which should be devoted to the scientific transactions. I have given this matter much consideration, and recommend to you the creation of the office of Assistant Recording Secretary, with a moderate salary, the incumbent of which office shall be charged with the duty of making, after consultation with the members concerned, the necessary corrections in the reports, which shall be verified by a committee consisting of the President, Recording and Assistant Secretaries, and when any alteration is made, not accepted by said committee, such fact shall be reported to the Society at the meeting succeeding that at which the discussion took place.

The policy and propriety of inviting, during each year, one or more men from other cities, of eminent distinction in special branches of medical science, to deliver addresses before you, is worthy of your consideration. Care should be taken to avoid the rôle of the advertising medium, and restrict such invitations only to physicians whose eminent success and high character preclude even the suspicion of motives of doubtful repute. If in your judgment such a departure from the

ordinary routine of society proceedings should be established, put it upon the highest plane of intellectual capacity, eminent success, and highest personal integrity, and then, and then only, will the distinguished honor find its compensation in the recompense of a duty well done.

I, in common with many members, regret—in fact, I hope the regret is shared by every member—that the recommendations of my immediate predecessor, in regard to the acquisition of a permanent home, could not be realized, because of the legal disability of the Society to borrow or raise by assessment the necessary amount of money, but it can receive money by gift, donation, and bequest to any amount that will yield an annual income not exceeding six thousand dollars. Then why not proceed as best we can to commemorate the concluding session of the seventy-sixth year by liberal donations to a Home Fund? Let us make one “more pull, a long pull, and a pull all together,” and to this end I offer you the opportunity, by distributing a circular subscription, to which you may affix your signatures, with the amount you may be willing to donate annually to that fund.

The Directory for Nurses for the most part, if not wholly, owes its organization and permanent establishment in this city to this Society. It has now become self-supporting, and is provided with ample accommodations for the complete fulfilment of all the requirements of such an institution, but it lacks that general support of the profession of the District to which it is entitled, and to which it must appeal for that continued success and usefulness which has contributed so much to the improved management and treatment of disease. It has become a common practice for competent and popular nurses, after having qualified by registry and indorsement, and acquired special popularity with members of the profession, to withdraw from the Directory, and organize into separate directories of limited members, with definite headquarters at selected localities, and then, by special and personal solicitations, obtain preference in selection over those to

whom employment should be given. The members of this Society owe it to themselves to foster this institution to the exclusion of all private directories or association of nurses. I know this recommendation will invoke the criticism of some of the best and most popular nurses in this city, but my duty to the sick in this community is far above my interest in the success of any nurse or coterie of nurses.

With the induction of my successor into office I will have performed my last official act, and completed the final duty of this last and most distinguished honor of my professional life. In the coming years of retirement from the places of honor and trust in this Society, I solicit the consideration of one who will not be in the way of preferment and success of any member, and will value the regard of his associates and peers as the measure of his usefulness and success. In view of these considerations, I venture to incur the risk of unfavorable criticism by making the following recommendation. Experience and observation have convinced me that annual rotation in the office of President retards the progress of scientific societies, more especially so of those that meet at short intervals during the greater part of each year.

Charles Worthington, the first President, was re-elected for twelve successive years; Thomas Sims died during his third term; Frederick May occupied the office during fifteen successive years; James C. Hall declined a re-election at the expiration of his second term; Alexander McWilliams died before the expiration of his first year; William Jones was honored by seven re-elections; Joseph Borrows by six; Charles H. Leiberman by three terms; and Thomas Miller by two, and then, 1870, began the routine of annual rotation. During fifty-three years but nine members held the office of President, three of whom died in office.

I do not advise a return to the early practice of re-election during life, but I do advise abandonment of the annual rotation and the adoption of some rule of action that will more clearly set forth the importance and dignity of the office of President.

Not one in five of the members can, to-day, name in rotation the ex-Presidents now living, and it is even doubtful if each one of them can name the year of his service. Such are the inevitable results of the lamentable fact that no one, during the past twenty-four years, has remained in office long enough to impress either you or himself with the dignity and honor of an office that rotates the incumbent into private life annually on the first Monday of January. Among my predecessors there have been many who honored themselves by prompt and faithful discharge of the duties; but, like others, they stepped down and out at the expiration of one year of service. The record honors the man who could not find time to come once a week to these weekly meetings as it does the man who came promptly and sat here throughout the hours, giving his undivided attention to the duties imposed upon him. Does not justice and science demand discrimination between the unremitting discharge of honorable duties and loose and slipshod neglect and evasion? My suggestion, then, is, when your President honors himself by faithful, efficient, and satisfactory services, honor yourself by a re-election; and then mark the continuous progress of this Society.

But one death has occurred in the membership during the year. Dr. Charles J. Osmun died of diphtheria, contracted in the line of duty, thus adding another to the numerous instances of personal sacrifice and death incurred by dangerous exposure in the faithful and conscientious discharge of the obligations of our profession. The death of Osmun, and of John W. Dunn, of the same disease, contracted in like manner, should admonish us of the necessity of rigid and thorough personal hygiene during attendance upon such cases, and teach the community the malignancy of a disease from which we, with all possible care, cannot acquire exemption.

And now, disclaiming any invidiousness, I must commend to your consideration the distinguished services of your

chairman of the Committee on Essays, Dr. Thomas C. Smith, to whose judicious and indefatigable labors I owe the debt of profound gratitude, in that he has crowned my administration of the duties of presiding officer with such success.

The Treasurer is always in his seat guarding the treasury with the fidelity of one who insists upon holding a surplus and adding to the accumulations of the Society.

And, finally, I beg you will accept my thanks for the honor conferred by election to a second term to this high office, and for the uniform courtesy and deference shown to me in the discharge of its duties.

MILK LEGISLATION. COMPULSORY REPORTS
OF ZYMOTIC DISEASES. MEDICAL PRAC-
TICE LAW. SOCIETY PUBLICATION
OF ITS TRANSACTIONS.

[Delivered December 18, 1895.]

GENTLEMEN: It gives me great pleasure to congratulate the Society upon its continued prosperity and activity. During the year forty additional members have been admitted to the active list and twenty-two to the membership by invitation. Every meeting has been abundantly supplied with material for consideration and discussion. In fact, at times the offers have been so numerous that the authors were required to abbreviate their essays to a prescribed limit of time. The discussions have been full and interesting, and, with rare exceptions, closely applied to the subject under consideration, with much less irrelevancy than is usual in impromptu discussions. The debates have shown also a marked and commendable improvement in fluency of speech, and conciseness and correctness of diction.

In consequence of my long absence from the weekly meetings during the later months of the first session, I am not permitted to make any analysis of the scientific merits of the papers read, or even to cite those of special merit, but I cannot omit honorable mention of the addresses of Drs. W. P. Mason, of Troy, A. H. Smith, of New York, William Osler, of Baltimore, and Abraham Jacobi, of New York.

Notwithstanding the falling off of the weekly attendance during the later months of the first session of this year, the average attendance was sixty-three, being an average increase of twenty-two more than for the corresponding period of

1894. During the present session the largest number present at any one meeting was 111, and the average has been 94, thus showing a largely increased attendance during the present year. These figures exhibit a most commendable interest in the transactions of the Society. It is hoped the impetus which the Society has acquired in the past two years will continue with unabated force, and that the transactions of succeeding years may be enriched with the evidence of that progress which will, in the future, as in the past, continue to elevate the science of medicine and widen the scope of its beneficence.

Sufficient time has not yet elapsed to establish the wisdom and utility of all the recommendations made in the last annual address, and which were adopted by the Society. There is no dissentient suggestion of an unfavorable result of their diligent and impartial enforcement.

I am not without hope that the Society may recede from its dissent to the recommendation that its scope of power and usefulness would be extended and enlarged by some method of communicating with the public at large the consideration of matters that refer to the well-being and healthfulness of the community, and in which there is such general interest as makes it expedient and proper to present the consensus of medical opinion to the consideration of this community. Perhaps the expediency and propriety of such an innovation could be more satisfactorily determined by the tentative approach to such policy under the operation of some temporary regulation than by a constitutional provision.

The propriety of inviting, during each year, one or more men from other cities to deliver addresses before you has proved eminently successful and instructive. But I must renew the admonition to avoid the rôle of the advertising medium, and restrict such invitations to physicians whose eminent success and high character preclude even the suggestion of motives of doubtful repute, and to condemn by positive refusal all personal solicitations.

MILK LEGISLATION.

The efforts of the Committee on Legislation to secure the enactment of a law to regulate the supply and sale of milk in this District have not been entirely satisfactory. The bill, H. of R. No. 8231, which had received the indorsement of the Commissioners of the District and of this Society, passed the House of Representatives without alteration, but the Senate Committee on the District of Columbia suggested so many amendments, which so completely eliminated its penal provisions (see Appendix, p. 65), that I presented to the Senate the following remonstrance to their adoption :

53d Congress, }
3d Session. }

SENATE.

{ Mis. Doc.
No. 96.

IN THE SENATE OF THE UNITED STATES.

February 8, 1895.—Laid on the table and ordered to be printed.

February 15, 1895.—Ordered to be reprinted, with appendix.

Mr. Faulkner presented the following

MEMORIAL, FROM THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA, FAVORING THE PASSAGE OF BILL OF H. R. 8231, ENTITLED "AN ACT TO REGULATE THE SALE OF MILK IN THE DISTRICT OF COLUMBIA," AND APPENDIX.

To the honorable Senate of the United States in Congress assembled:

The Medical Society of the District of Columbia respectfully represents to the honorable Senate that the bill of the House of Representatives, No. 8231, entitled "An act to regulate the sale of milk in the District of Columbia, and for other purposes," now pending before the honorable Senate, originated with the Commissioners of the District of Columbia, and was submitted by said Commissioners to this Society for examination and approval. After a thorough consideration, this Society gave to the bill, as it has been passed by the House of Representatives, its unanimous and unqualified indorsement. Subsequently the same bill was approved by the legal adviser of the Commissioners and by Dr. D. E. Salmon, Chief of the Bureau of Animal Industry of the Department of Agriculture.

The Medical Society of the District of Columbia respectfully rep-

resents to the honorable Senate that the purpose of the bill, as passed by the House of Representatives, is to secure to the residents of this District a supply of good, unpolluted, and unadulterated milk, which cannot be secured except through the enactment and enforcement of a law that will compel the milk producers and dealers to supply the food at a fixed standard of quality, purity, and freedom from the germs of disease.

The consensus of medical opinion establishes the fact that the present method of production, collection, and supply of milk in this District is one of the most dangerous of human industries in that the supply is subjected to contamination with the germs of disease from infected milk-yielding animals and from persons employed about the dairy farms. It is known that milk from tuberculous cows will convey tuberculosis, the most dreadful and fatal of all diseases in this country to human beings, and more especially to young children fed upon such infected milk.

It is, however, not only disease in the cow which may be conveyed. It often conveys virulent infectious diseases from the dairyman's family to his customers. Typhoid fever, scarlet fever, and diphtheria have been very frequently conveyed by the transmission of the germs of these diseases from the farm to the consumers of the milk. By reference to the appendix it may be seen that 138 epidemics of typhoid fever, 74 of scarlet fever, and 28 of diphtheria have been positively traced to milk infected with the germs of these diseases.¹

Milk is such an admirable medium favorable to the growth of bacteria that even when taken from cattle entirely healthy, and on farms free from infectious and contagious diseases, it will, unless properly prepared for transportation, undergo such rapid changes, induced by bacteria, that it may be rendered unfit for human food, especially for young children, before it can be delivered to the consumers.

In view of the foregoing facts, it becomes an absolute necessity, in the interest of sanitary science and preventive medicine, that the sale of milk in this District should be regulated by such legislation as will afford that protection from preventable causes of disease which the welfare of the community demands.

The proper inspection of milk requires a chemical and bacteriological examination by persons skilled in such examinations of dairy products. To such investigations must be added personal inspection, at intervals not to be fixed by or known to the dairymen of the

¹ Report on infection of milk. Report of Health Officer of District of Columbia, 1895, p. 299.

herds and farms, that unfit and improper feeding and housing may be detected. The freedom of the herd from tuberculosis can be positively and only determined by the tuberculin test. So also is a personal inspection of the farm necessary to prevent the infection of the milk by the germs of diseases, such as typhoid fever, scarlet fever, and diphtheria, with which some of the employés may be afflicted.

The Medical Society of the District of Columbia fears that the proposed amendments to House bill No. 8231 are exclusively in the interest of milk-producers and dealers, and, if adopted, will promote and protect more aggressive frauds than have heretofore been perpetrated upon the consumers of milk in this District, by more frequent and deliberate adulterations and pollution of the milk supplied to them. This apprehension grows out of the fact that in every section of the bill defining an offence its violation is qualified by the proposed insertion of the words "knowledge, known, or knowingly," which it is believed will render those provisions of the bill inoperative. In the case of *The People v. Kebler*, New York Court of Appeals, the court said:

"Experience has taught the lesson that repressive measures which depend for their efficiency upon proof of the dealer's knowledge, and of his intent to deceive and defraud, are of little use and rarely accomplish their purpose."

The Society begs leave, furthermore, to suggest that the bill, with the pending amendments, will so increase the profits of disreputable producers and dealers that those wishing to supply good and unpolluted milk will be driven from the trade, and that the supply of adulterated and infected milk will be increased, to the detriment of the consumers, and the Society therefore prays that the honorable Senate will concur in the enactment of House bill No. 8231.

I have the honor to be, your obedient servant,

SAMUEL C. BUSEY, M.D.,
President of the Medical Society of the District of Columbia.

At a subsequent hearing before the subcommittee, composed of Senators Faulkner, Hunton, and Gallinger, the committee was induced to recede from some and to modify others of the proposed amendments, so that, finally, the bill was passed as the law now exists (see Appendix, p. 65). This law is a step far in advance of the previous regulations of the supply and sale of milk, but falls short, in many particulars, in securing to the consumers of milk in this District a supply free from adulteration and pollution.

At this hearing it was strangely apparent that legislators of such high distinction and intellectual attainments should be so reluctant to accept the clinical evidence of milk infection with pyogenic germs of contagious diseases, and refuse the full measure of protection which this community demands. In a recent paper read before this Society the filthy contamination of the milk-supply of this city was so fully set forth that no one could doubt its disease-producing qualities.

REPORT OF ZYMOTIC DISEASES.

The experience of the present year has clearly demonstrated the necessity of some compulsory legislation requiring every physician to report to the Health Department every case of zymotic disease occurring in his practice. No system of sanitation or preventive medicine can be effective without the knowledge of the number and location of every such case of disease, at all times of the year, and more especially during the prevalence of an epidemic. If every case of typhoid fever that has occurred in the District during the present year had been promptly reported to the Health Department, the fair fame and healthfulness of this city would not have been tarnished by the exaggerated and detrimental reports which have been spread all over the country, and the cases due to milk-infection and water-infection and soil pollution could have been classified with almost absolute accuracy. There would have been fewer cases and a lower death-rate. The constantly reiterated statement that this or that family or "my people" would not permit such reports is a fallacy unworthy of respectful consideration, when the mortuary columns of the local press are teeming with reports of distress and sorrow that bring home to every household the inadequacy of municipal protection from preventable diseases. Every good citizen will willingly submit to a law that offers protection from sorrow, suffering, expense, deaths, and funerals.

MEDICAL PRACTICE LAW.

The history of the efforts, disappointments, and failures of this Society to secure the enactment of a law to regulate the practice of medicine in this District has not been written. It therefore becomes my duty, as the chairman of the committee now in charge of legislation, to record in some permanent form the proceedings of this committee. In 1893, some time previous (fifteen months) to the appointment of the present committee, the first effort was made which culminated in the enactment of a law entitled "An act to incorporate the Eclectic Medical Society of the District of Columbia" (see Appendix, p. 64), which endowed seven persons, therein named, not one of whom was a member either of this Society or of the Medical Association of the District of Columbia, "with all the rights, privileges, and immunities that appertain to other medical societies in the District of Columbia." This statute confers upon that society the corporate powers to license persons to practise medicine in this District.

In 1870 Congress passed "An act to incorporate the Washington Homœopathic Medical Society" (see Appendix, p. 63), in which it is provided that said society shall examine and "license to practise medicine or surgery in the District of Columbia" only such candidates as shall "sustain a good moral character, and shall present letters testimonial of their qualifications from some legally authorized medical institution." In abstract, this is a more specific definition of the qualifications of the licentiate than is set forth in the charter of this Society, granted in 1819, which prescribes that it shall elect a board of examiners, "whose duty it shall be to grant licenses to such medical and chirurgical gentlemen as they may, upon full examination, judge adequate to commence the practice of the medical and chirurgical arts, or as may produce diplomas from some respectable college or society." The charter of the Medical Society of the District of Co-

lumbia, therefore, ordains the alternative of an examination of or the presentation of a diploma by its licentiates which was eliminated from the charter of the Washington Homœopathic Medical Society.

Twenty-three years after the date of the charter of the Washington Homœopathic Medical Society, 1893, the Congress of the United States chartered a third medical society, "endowed with all the rights, privileges, and immunities" of the two senior medical societies, and empowered it "from time to time to make such by-laws, rules, and regulations as they find necessary, and do and perform such other things as may be requisite for carrying this act into effect, and which may not be repugnant to the Constitution and laws of the United States." The endowment of a medical society with such extraordinary powers and rights constitutes a retrograde movement in medical education, and may establish such an obstacle to the attainment of the higher standard of knowledge in medicine as to invoke remonstrance, pushed to the limit of resistance. A liberal and perhaps fair interpretation of the provisions of this act might possibly confer the corporate power to supply this community with "physicians," not less in number than its population, without licenses or diplomas from responsible, respectable, or other legally authorized medical college, society, or institution, and independently of the annual influx of the quacks, charlatans, and impostors driven hither from the States and Territories.

Notwithstanding these failures and disappointments, this Society accepted the invitation of the Washington Homœopathic Medical Society to unite in the preparation of a bill that would be satisfactory to both. The joint committee failed to agree, and this Society completed the preparation of the bill that was introduced into Congress July 7, 1894, and is known as House bill No. 7661 (see Appendix, p. 68), entitled "A bill to regulate the practice of medicine and surgery in the District of Columbia, and for other purposes." This bill was referred "to the Committee on the District of

Columbia and ordered to be printed," and there it remained without further consideration.

In October following (1894) this Society reorganized its Committee on Legislation, which proceeded immediately to discharge the duties imposed upon it. Upon its recommendation the Society amended House bill No. 7661 by eliminating from its provisions every reference to the Homœopathic and Eclectic Medical Societies. These emendations grew out of the failure of the conferences of the previous committees of this and the Homœopathic Society to agree in framing a bill satisfactory to the latter society, and it was therefore deemed most expedient by the committee then in charge for this Society to present its views in a distinctly concrete form, absolutely free from any proposition of compromise with any and all other medical societies, and thereby compel the dissenting societies to commit themselves to definite views and propositions, as the basis of an amicable adjustment of differences by the legislative authority. As thus amended it was presented, December 10, 1894, by the Hon. J. T. Heard, and is known as House bill No. 8133 (see Appendix, p. 73).

Subsequently, December 17, 1894, the Hon. H. W. Blair offered a bill to regulate the practice of medicine in the District of Columbia, known as House bill No. 8229, which was intended to enact "that the Physio-Medical School of Medicine (see Appendix, p. 78) shall have all the rights, privileges, and protection that are or may be provided for allopathic, homœopathic, or any school of medicine within the District of Columbia."

After a preliminary hearing by the H. of R. Committee on the District of Columbia, at which bill No. 8133 was fully explained and the object of this Society in seeking its enactment was fully set forth, it was referred to the Commissioners of the District of Columbia for consideration and recommendation. As is customary, the Commissioners granted, December 19, 1894, a special hearing to those interested in the bill, at which there were present committees representing

this, the Washington Homœopathic and Eclectic Medical Societies, and several other persons. At this conference a most pronounced opposition to bill No. 8133 was developed, and urged with considerable force and pertinacity, some objecting to any legislation on the subject, and others to the exclusive provisions of the bill. The Washington Homœopathic Medical Society offered a substitute, identical in some of its sections with House bill No. 8133, but differing in the method of establishing and enforcing a uniform standard of qualification. Its committee not only conceded the necessity of a law to regulate the practice of medicine in this District, but based its action upon the broad statement that the laws of this District "were totally inadequate to protect its citizens from imposition."

This substitute bill was subsequently, January 23, 1895, introduced in the Senate, and is known as Senate bill No. 2645 (see Appendix, p. 79), and was referred to the Commissioners, by whom a second special hearing was granted, which was in effect a recapitulation of what occurred on December 19, 1894. At this stage of the proceedings the whole question remained in abeyance until the report of the Commissioners was made in the form of a bill introduced into the Senate by Senator Harris, January 31, 1895, and known as "the Commissioners' bill" (see Appendix, p. 85), or Senate bill No. 2685 (Fifty-third Congress, third session). The bill was modelled after the laws of New York and Pennsylvania, and would have been accepted by the committee of this Society but for several interpolations, more especially the following :

Any applicant intending to practise in the District of Columbia any system of medicine or treatment other than the regular or homœopathic or eclectic system, and stating such intention in his application, shall be exempt from such part of any examinations to which he may be subject as relates exclusively to the treatment of disease, but such applicant shall submit in all other branches to the same examinations as are required of other applicants, and shall be examined by such boards of examiners as may be designated by the

board of medical supervisors: *Provided*, That any person who may avail himself of the exemption allowed by this clause, and who receives a license under this act, shall cause at all times to be plainly affixed to any sign or signs he may erect, or cause to be erected, and to any prescription blanks, bill-heads, and other articles he may use in his professional work, and to be inscribed in any advertisement he may cause to be displayed, the designation of the system of medicine or treatment employed by him for the cure or relief of disease.

To this bill your committee addressed the following protest to the Commissioners, to which no reply has been made:

1545 I STREET, N. W., WASHINGTON CITY, February, 1895.

Hon. Commissioners of the District of Columbia.

GENTLEMEN: I am instructed by the Committee on Legislation of the Medical Society of the D. C. to communicate to your honorable board the objections of said committee to several provisions of the bill known as the "Commissioners' bill," and entitled "A bill to regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof in the District of Columbia."

The Committee of the Medical Society suggests that Sec. 1 be so amended that not more than two of the board of the medical supervisors shall be appointed from either of the three systems of medicine recognized in the bill, so that it will be impossible for either of these systems of medicine to acquire a majority of said board of medical supervisors.

The committee recommends the omission of all of Sec. 3 after the word "surgery," in line 27. This clause provides for the licensing of "any applicant intending to practise in the District of Columbia any system of medicine or treatment other than the regular or homeopathic or eclectic system," and is objectionable not only because it is an invitation to the horde of charlatans, pretenders, and impostors driven from the States by the enforcement of medical practice laws which prevent the prosecution of their nefarious and mercenary impositions, to settle in this District, now the common rendezvous of such disreputable classes, but it is a direct and positive insult to every intelligent and educated physician in that it ignores all and every method and system of preliminary and technical education, and is in direct conflict with the reforms and elevated standard of medical education which the profession is putting in active operation throughout the country. There is now in this city one system,

claiming to have a charter obtained under the provisions of the general incorporation law, with one emeritus professor and one graduate, who signed the certificate of his own graduation. Under the clause referred to, unlike systems but similar institutions may be chartered at the will of any drug or medicine fiend, and be entitled to a license to practise the science of medicine in this District.

The same clause of Sec. 3, lines 36 to 43, compels such applicant, when licensed, to insert "in any advertisement he may cause to be displayed the designation of the system of medicine or treatment employed by him for the cure and relief of disease." Thus not only is the fraud to be licensed, but, when licensed, he is required to commit a fraud upon the credulous public by advertising to do that which he knows he cannot do.

The third objection to the "Commissioners' bill" refers to the omission of any provision prohibiting "publicly advertising ability to treat and cure diseases," as is usual in medical practice laws. Such a prohibition would banish from this District every such disreputable pretender and protect this community from that class of frauds and impostors driven from the States and Territories. It is idle to claim that such result can be accomplished by the enforcement of the rules, regulations, and codes of medical ethics, when only such persons can be made amenable to such rules and codes as may have acquired membership in ethical organizations. The advertising charlatan has no code but that of fraud and criminal deception.

The Medical Society of the D. C. is willing to accept any one of the forty-one medical practice laws now in force in the States and Territories of the country, except the Alabama law, to which it objects because of a provision somewhat similar to the objectionable clause in Sec. 3 of the "Commissioners' bill," but which is more securely guarded, because of the supervision of the State Medical Society.

The committee, therefore, requests the Board of Commissioners to so modify the bill S. 2685, known as the "Commissioners' bill," that it may give to it its unqualified support.

I have the honor to be,

Your obedient servant,

SAMUEL C. BUSEY, M.D.,

Chairman of Committee of the Medical Society of the District of Columbia.

At a second hearing by the House Committee on the D. C., at which was considered the Commissioners' bill and the substitute bill (S. 2645) of the Homeopathic Medical Society,

there were present representatives of the three chartered Medical Societies, the Physio-Medical School, White Cross University of Science and the Vivopathic system, and some individuals with grievances in general. The Physio-Medical School set forth with loud and vehement clamor its super-excellent and even transcendent powers and attributes that would "eventually conquer the world of medical science," and asserted with convulsive triumph that its devotees "did not carry their diplomas on paper, but in their heads." The White Cross University and Vivopathic system was opposed to any proposition to "establish a medical monopoly," because it "did not need much teaching," citing in proof thereof the fact that "the university had granted but one diploma" and that "to one who came with a diploma from the eclectic school." Altogether, this discussion proved more entertaining than instructive, but was, nevertheless, convincing of the necessity of additional legislation.

In consequence of the opposition to the Commissioners' bill, which no one would accept as a whole, and was only accepted in part by your committee, the Homœopathic substitute bill assumed greater importance as the basis of adjustment of the differences between that and this Society, and would probably have been adopted by the House Committee but for the opposition of your committee to several of its provisions. The committee in charge of it made sundry important concessions, and manifested such spirit of conciliation that an agreement seemed to be within actual possession. Your committee, however, after more deliberate consideration, directed the following communication to be sent to the committee of the Homœopathic Medical Society :

1545 I STREET, N. W., WASHINGTON, D. C., February 7, 1895.

DEAR DR. CUSTIS : I am directed by the committee of the Medical Society of the D. C. to inform you that it cannot accept your bill, even with the amendments which you propose. The main objections to the bill are :

First. It does not establish a uniform standard of qualification.

Second. There is no or inadequate supervision of the acts of the separate examining boards.

Third. That any two of the examining committee can license any applicant, however deficient his qualifications may be.

I am instructed, furthermore, to inform you that the committee will urge the Commissioners' bill, but will seek to amend it by striking out the clause inviting other and new systems to apply for license; by inserting a provision against the advertising charlatan; and, lastly, by limiting the appointment of the board of supervisors, so that not more than two can be of the same school of medicine.

I have the honor to be,

Your obedient servant,

SAMUEL C. BUSEY, M.D.,
Chairman of Committee of the Medical Society of the D. C.

This communication concluded the conferences and correspondence. Three days later I was directed to address the following communication to the Senate Committee on the District of Columbia:

1545 I STREET, N. W., WASHINGTON, D. C., February 10, 1895.

Senator ISHAM G. HARRIS,
Chairman, Committee, D. C.

DEAR SIR: I am instructed by the committee of the Medical Society of the D. C. to inform the committee of the Senate on the District of Columbia that it is opposed to the passage of any of the bills now pending to regulate the practice of medicine in the D. C., because of their failure to secure a uniform standard of medical education, and to prevent discrimination in favor of or against individuals.

I am instructed, also, to state that the Medical Society of the D. C. is willing to accept any of the medical practice laws in operation in the States and Territories, except that of the State of Alabama.

The committee begs that the Senate committee will grant it an opportunity to be heard before it concludes its consideration of the subject.

I have the honor to be,

Your obedient servant,

SAMUEL C. BUSEY, M.D.
Chairman Committee of Medical Society, D. C.

A few days after, I was verbally informed that the Senate committee had, for the want of time, declined to consider the subject during the session.

The foregoing history points to the following conclusions:

1st. No bill containing the clause in the Commissioners' bill relating to other and new systems will be satisfactory either to this or to the Homœopathic Medical Society, and cannot become a law without their concurrence.

2d. No bill can become a law that is not satisfactory to both of these Medical Societies.

3d. No bill can become a law without the assent and support of the Homœopathic Medical Society.

4th. No law will be adequate or effective that does not annul the extraordinary powers and privileges granted the Eclectic Medical Society.

5th. Constant vigilance on the part of this Society may be imperative to prevent the passage of some law relating to the practice of medicine in this D. C. more objectionable than the charter of the Eclectic Medical Society.

With these facts and conclusions before you, what course will this Society pursue? Will you abandon the issue and leave the field of your labors to charlatancy, imposition, and fraud, or will you follow the example set by the medical fraternity in forty-one States and Territories? You made the issue, and every consideration of duty to yourselves and to this community commands its prosecution to a final and satisfactory conclusion. Seventy-seven years ago twenty-one qualified physicians, animated by the courage of their convictions and the obligations of imperative duty, united in an organization to protect the citizens of the District of Columbia from the wrongs and injuries perpetrated by the horde of charlatans and pretenders that had flocked here like vultures to prey upon the innocent and credulous sick and suffering. Now that the evils and atrocities have been multiplied to the utmost limit of wrong, injury, and crime, will you, with an organization far greater in number and power, do less? In forty-one States and Territories public opinion, the welfare of society, and unanimity of medical opinion have compelled the Legislatures to guarantee by statute law the protection which, because of such protective legislation,

is all the more needed by this community, that the perpetration of such wrongs and injuries may, at least, be limited to such agencies and instrumentalities as may have acquired vested rights in ignorance, deception, and fraud.

There are in this District five medical schools and several medical societies chartered by act of Congress, or under the provisions of the general incorporation law, authorized and empowered to license persons to practise the art and science of medicine, without a uniform and even without any standard of qualification beyond the ability and willingness of the licentiate to pay the required fees, or give promissory notes for the payment of the same ; and under the provision of the general incorporation law any dozen citizens may obtain a charter, upon the payment of the fee for the record of the same, authorizing them, as a body corporate, to confer the degree of M.D. at their pleasure and will. To these must be added the system of voodoo medicine, with its shocking sorceries and incantations, the physio-medical system of intuitive medicine, with its supernatural attributes, and the White Cross University and Vivopathic system, boasting of “little teaching” as the only necessary qualification of its graduates.

If such data are not sufficient incentive to unite you in some common effort to correct abuses and establish a higher and uniform standard of medical education, then examine the records of the “examining boards” in the States where medical practice laws are in force. I will only cite that of the “Board of Medical Examiners” of Virginia, from the date of its organization, January 1, 1885, to October, 1895, during which period it rejected, on first examinations, two hundred and sixty-nine out of nine hundred and eighteen applicants for license, or 29.30 per centum of graduates of seventy-five medical schools, including some of the highest repute, located, with three exceptions, in eighteen States and Territories of this country.

Of the six New England States, Maine, Massachusetts, and New Hampshire have no legal requirement for the practice of medicine.

First class. In Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, South Dakota, Rhode Island, Texas, Utah, Virginia, and Washington, the diploma confers no right to practise and has no legal value, except, in some cases, to give its possessor standing before an examining board. The right to practise in each of these seventeen States is determined by examinations before boards of examiners enacted by law.

Second class. In California, Colorado, Connecticut, Delaware, Illinois, Iowa, Kentucky, Louisiana, Missouri, Montana, Nebraska, New Mexico, Oklahoma, Oregon, Tennessee, Vermont, and West Virginia, the diploma is subject to the supervision of some designated body vested by law with authority to determine its validity as evidence of its possessor's qualification for the practice of medicine. Failing the possession of such recognized diplomas, the right to practise may be acquired by passing a satisfactory examination.

Third class. In Arizona, Georgia, Idaho, Indiana, Kansas, Michigan, Nevada, Ohio,¹ South Carolina, Wisconsin,

¹ An unanswered letter:

H. N. TEETERS, D. D. S., M. D.,

SPECIALIST

In Fine Gold Mallet Fillings, Gold Crowns Squibs & Powers and Weightman's Goods
and Bridge Work. Always on Hand.
Teeth Extracted Without Pain. Prescriptions Carefully Compounded.
And New Ones Inserted in Five Minutes. No. 153 Main Street.
Office 151 Main Street. Open Day and Night.
Open Day and Night.

H. N. TEETERS, D. D. S., M. D.,

DRUGGIST.

MONONGAHELA, Pa., Nov 1st 1895

SEC DISTRICT MEDICLE SOCIETY,

Washington D C

DEAR DR

What is the Fee for Certificate of Medicle Society to Practice Medicine
in D C Can I go before a Notary Public here and make Affidavit as to

and Wyoming, the presentation of any kind of a diploma, provided only that it be from a "chartered" medical institution, is sufficient in law for county clerks, clerks of courts, registrars of deeds, and similarly qualified judges of medical fitness to admit to practice.—*Journ. Amer. Med. Assoc.*, March 10, 1894.

It thus appears that in the first class the restrictive legislation is complete and sufficient to protect the communities in the respective States from ignorance and charlatany. In the second class, with competent and efficient boards of examiners, the protection can only be partially satisfactory, but is far preferable to the loose and ill-constructed laws in operation in the third class of States.

With the view of renewing the negotiations to effect some agreement with the Homœopathic Medical Society, I wrote, October 21st, to Dr. J. B. Gregg Custis, to which his reply is as follows :

November 1, 1895.

DEAR DR. BUSEY: Your esteemed favor of October 21st duly received.

Nothing would give the Homœopathic Medical Society greater pleasure than that it should be able to agree with the Society you so ably represent on a bill to be presented to Congress, and one which the two associations could make a common cause. We had intended to introduce a bill similar to that introduced by Senator Teller in the last Congress, known as Senate bill No. 2645, a copy of which I enclose.

You will remember that after some consultation, and in deference to your wishes, we accepted several amendments to that bill, which we will gladly embody in the new one. The amendments are as follows :

Qualification and forward to you with Fee and secure the Certificate Without being Present

I am at Present Practicing Medicine and Dentistry in Steubenville Ohio
and Am thinking of Moving to D C

Please let Me hear from You as soon as Possible

Yours Respt

H. N. TEETERS M D, D D S

417 Dock Street, Steubenville, Ohio.

"1. After the word 'Columbia,' in Section 1, line 6, strike out the paragraph beginning, 'The members of one board,' down to the word 'The,' in line 9, same section, and insert in lieu thereof the words 'one board shall be composed of five physicians in good standing, adherents of the 'regular' school of practice.' "

We would much prefer to have the five selected from members of the Medical Society. If it is possible, and we are not misinformed as to the standing of the Medical Association of the District of Columbia, we would suggest as a substitute for the above amendment: One board shall be composed of five physicians in good standing, members of the Medical Association of the District of Columbia. I believe that this removes the objection made by graduates of Howard University, as they are eligible for membership in that body.

"2. After the word 'licenses,' Section 4, line 5, insert 'no questions except such as have been approved by a majority of said committee shall be used in any examination.' "

I will state here that we must insist upon equal representation on the Committee on Examinations. You will remember that the Commissioners, at the suggestion of the Health Officer, proposed that a committee be composed of five members, two of whom should not be members of the boards, and that we objected, which objection we will have to maintain, unless it be stated that the remaining members be government officials and not physicians.

"3. Section 6, line 22, after the word 'Columbia,' insert 'when any set of examination papers has been finally acted upon, it shall be filed in the Health Office of the District of Columbia, subject to the inspection of the Examining Committee or any member thereof.'

"4. Section 7, line 9, strike out all after the word 'turpitude,' down to the word 'In,' line 10, same section."

The last two amendments were made, I believe, to meet the objections of some of the District committee.

Our committee will be glad to receive and give careful attention to any suggestions that may please you to make.

Hoping that for the good of the city and welfare of its citizens our efforts before Congress may meet with success, I am,

Very truly yours,

J. B. GREGG CUSTIS,
Chairman.

S. C. BUSEY, M.D.,

President Medical Society of the District of Columbia, City.

The committee met November 7th, and, after consideration of the subject, unanimously agreed to present to Congress the bill S. 325, entitled "A bill to regulate the practice

of medicine in the District of Columbia" (see Appendix, p. 91), a copy of which was mailed to Dr. Custis November 28, 1895, to which his reply is as follows:

WASHINGTON, D. C., November 30, 1895.

S. C. BUSEY, M.D.,

Chairman Committee of Medical Legislation, Medical Society of the District of Columbia.

DEAR SIR: It gives me great pleasure to announce the approval of our committee to the bill as forwarded to me this day by Dr. Woodward, and to pledge our support of the same without alteration or amendment.

Expressing the hope that our united efforts may secure its early enactment as a law, I am

Yours most respectfully,

J. B. GREGG CUSTIS,
Chairman of Committee.

I am, therefore, authorized to announce to you a satisfactory conclusion of these negotiations, and the very favorable prospects of adequate legislation in the near future that will, at least in some measure, mitigate the evils of which we complain, and offer protection to this community from the influx of charlatans and impostors and moreover the prospective advance in the higher education of medical men (see Senate bill 325 first session, 54th Congress).

This bill has been approved by the Commissioners of the D. C., and forwarded to the Senate, with their recommendation.

SOCIETY PUBLICATION OF ITS TRANSACTIONS.

The first attempt of this Society to publish its transactions was in the form of a quarterly bulletin of twenty-four pages in accordance with the following schedule:

At a regular meeting of the Society, held November 12, 1873, Dr. S. C. Busey offered the following resolution, which was adopted:

Resolved, That the Committee on Essays be, and are hereby, requested to inquire into the expediency and expense of publishing a bulletin of the debates before the Society, and to report in writing, with such recommendations as may be deemed proper.

NOVEMBER 19, 1873 :

The Committee on Essays, which was requested by a resolution passed at the last meeting to inquire into the expediency and expense of publishing a bulletin of the debates before the Society, etc., beg to make the following report:

1st. The committee believe it would be eminently proper and expedient for the Society to publish reports of its proceedings. Such a course, they conceive, would enhance the usefulness of the Society, stimulate its members to present better papers and essays, and tend to improve the scientific character of its debates.

2d. The committee recommend that the material selected for publication shall be confined to the following several heads:

- (a) Original theories or synopses of papers containing such theories.
- (b) Original modes of practice.
- (c) Cases testing modes of practice still *sub judice*.
- (d) Cases deserving of record from their being curious or rare.
- (e) New facts, experiments, or discoveries appertaining to medicine and its allied sciences.

(f) Such parts of debates as it may be deemed by this committee would, if published, be of general interest to the profession at large, or tend to promote the advancement of medical science.

3d. The committee recommend that the published report or bulletin be issued quarterly, and that it shall bear on its title-page the words "Transactions of the Medical Society of the District of Columbia."

4th. The committee, on inquiry, find the expense of publication in pamphlet form, octavo page of 48 lines, solid print, without cover, will be for twelve pages (500 copies) twenty-five dollars per quarter, for twenty-four pages (500 copies) fifty dollars (\$50) per quarter; or, respectively, one hundred or two hundred dollars per year.

5th. The committee recommend that a pamphlet of twenty-four pages, the number of copies 500, be printed quarterly, and that an appropriation of fifty dollars per quarter from the treasury of the Society be applied to the payment of the expense incurred.

B. THOMPSON, M.D.,
A. F. A. KING, M.D.,
CHAS. E. HAGNER, M.D.,
Committee.

The issue of these quarterly bulletins commenced in April, 1874, and ceased in July, 1878. Subsequently an arrangement was made with the *Maryland Medical Journal*, and later with the *Journal of the American Medical Association*,

for the publication of its transactions, which proved so unsatisfactory that it was discontinued. Several years ago an agreement was perfected with the *National Medical Review* for the publication of an abstract of the discussions, which continues in operation to date.

It is not my purpose to interfere with the existing arrangement, beyond the statement that it is inadequate and unsatisfactory. This Society is quite up to the highest standard of similar organizations in attendance, capacity, and activity, but lacks means and opportunity to establish its reputation before the profession at large. The publication of individual contributions in medical journals, selected by personal preference, with the foot-note accrediting its presentation to this Society, is not objectionable, and tends to extend the reputation of their authors, but adds but little, if any, to the standing of this Society. This privilege should not be abridged or discontinued. The ownership of the essay, and right of publication when and in such manner as he pleases, should belong to the author. The Society could not hold the exclusive right of priority of publication of the essays read before it without great injustice to the authors. The delay in the preparation and publication of a society bulletin or volume of transactions would prove a serious obstacle to the presentation of papers of immediate, original, and scientific value, and necessarily exclude such from the current proceedings.

I disclaim any purpose to interfere with or to restrict the rights and privileges of authors, and am equally averse to the erection of any hinderance to the attainment and promotion of individual reputations. I do, however, hold and seek to enforce the conclusion that the higher and more widely disseminated the scientific character and standing of this Society, the more accentuated and distinctive its membership. The world of science recognizes membership in some one or more of many scientific organizations as the badge of honor, capacity, and achievement. Such I would make membership of this Society. The graduates of the University of Penn-

sylvania passed, on first examinations during the past ten years, without a single failure, the Medical Examining Board of Virginia. Who, then, will deny to such graduates the honor of the affix of the university to their degrees of M.D.? This is only one, but a significant citation. Many others might be attested. The qualification and capacity of her graduates were proved, but the individual success was no higher than the honor of every other successful applicant on first examination. The uniform success of all was, however, a distinction of which their Alma Mater can boast. So, likewise, may each one of a score of essayists successfully pass the crucible of current criticism, and receive the commendation of his peers, but it is the publication of the essays in some concrete and permanent form that will establish and maintain the reputation of the Society which honors the authors with membership. I concede the high distinction to which many of you have attained, and bear testimony to the merit of your contributions to medical literature and science, but I also plead for that reciprocal impetus to higher distinction which can only be developed by the combination of individual and organized effort.

During the two years past of my presidency there have been read before this Society many papers that would have added to the reputation of any medical society in this country, but their permanent value, except to the few, has been frittered away in the mass of current journal literature. What has established the worldwide and enduring reputations of the London Obstetrical Society, the American Gynecological Society, the Association of American Physicians, and many other equally renowned societies? The student, scholar, and investigator seeks facts, not men. He does not go to the biographies and autobiographical sketches of the cyclopædias of distinguished physicians, but turns the pages of the volume of transactions in search of the information and instruction desired.

In this connection I recall your attention to the essays

read, and the discussions thereon, in this Society in the past two years, on tuberculosis, typhoid fever, hydrophobia, and diphtheria, which were far in advance of any similar consideration of those subjects by any medical society in this country, and yet their value as society investigations has been so completely frittered away that the members cannot revive their recollections by referring to their publication.

Some, perhaps many of you, will think that I have undertaken an enterprise more fanciful than practical. My reliance upon my knowledge of human nature, which I have gleaned from personal association with and observation of medical men, has brought me to the conclusion that a majority of men of reputation seek to record the evidence of their success and achievements in some permanent form. And even those who pursue the profession for a mere livelihood or gain are not without hope that their better qualities and good deeds may not be hopelessly forgotten.

I believe, with the committee of 1873, that a Society publication, preferably an annual volume of transactions, without infringement or abridgment of the private rights and ownership of authors, would "enhance the usefulness of the Society, stimulate its members to present better papers and essays, and tend to improve the scientific character of its debates." And, moreover, that the continuous publication to date of the bulletin of 1873-1878 would have added immeasurably to the standing of this Society in the profession at large.

The single objection of expense, I hope, will not be worthy of consideration by a society of two hundred and seventy-seven active members, that adds annually to its surplus on an assessment of three dollars per capita.

In conclusion, I avail myself of this occasion to record, in this formal manner, the expression of gratitude to this Society for the sympathy and good wishes set forth in the resolutions of April 10, 1895. This memorial, together with the individual testimonials of sympathy from one hundred

and more members of this Society, have been filed among the archives of my professional life, in grateful remembrance of that good-will and prompt significance of those qualities of Christian sympathy which move the great brotherhood of medicine to the noblest deeds of benevolence and tender kindness of heart. If I could measure the pleasure and consolation those outpourings of "the milk of human kindness" brought to the victim of inexcusable and culpable negligence during the hours and days of acute suffering, my words would emphasize that sublime ideal of gratitude which can be felt but cannot be spoken.

From others, many times greater in number, from amongst the great mass of good people, came also tokens in various forms of manifest sympathy, in evidence of the fact that humanity grows richer in the ennobling qualities of the mind and heart with the progress of Christianity and civilization.

Then, too, this Society should invoke the continued blessing of Providence, that has restored, with but one death during the year, so many members to health and usefulness, who have been afflicted with sickness, well-nigh to the utmost limit of human endurance.

APPENDIX.

AN ACT

To incorporate the Washington Homeopathic Medical Society.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress Assembled. That Tullio S. Verdi, Gustave W. Pope, C. W. Sonnenschmidt, E. S. Kimball, and Jehu Brainerd, and their associates and successors, physicians, be, and they hereby are, made a corporation by the name of the Washington Homeopathic Medical Society, with all the powers and privileges, and subject to all the duties, liabilities, and restrictions set forth in this act.

SEC. 2. *And be it further enacted,* That said corporation may hold real and personal estate to the amount of twenty thousand dollars.

SEC. 3. *And be it further enacted,* That the members of said Society, or such of their officers or members as they shall appoint, shall

have the power to practise medicine and surgery and collect their fees within the District of Columbia.

SEC. 4. *And be it further enacted*, That the members of said society, or such of their officers or members as they shall appoint, shall have full power and authority to examine all candidates for membership concerning the practice of specific medicine and surgery, provided said candidates shall sustain a good moral character, and shall present letters testimonial of their qualifications from some legally authorized medical institution; and if, upon such examination, the same candidates, without exception on account of color, shall be found qualified for the practice of medicine and surgery, they shall receive the certificate of membership or the license to practise medicine or surgery within the District of Columbia.

SEC. 5. *And be it further enacted*, That any acts or parts of acts conflicting with the provisions of this act be, and are hereby, repealed.

Approved, April 22, 1870.

AN ACT

To incorporate the Eclectic Medical Society of the District of Columbia.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That T. A. Bland, August P. Lighthill, W. S. Bevier, Magnus L. Julihn, M. Cora Bland, J. A. Rowland, and Marie Taylor, and their associates and successors, physicians, be, and they hereby are, made a corporation by the name of the Eclectic Medical Society of the District of Columbia, with all the powers and privileges, and subject to all the duties, liabilities, and restrictions set forth in this act.

SEC. 2. That the said corporation may hold real and personal estate to the amount of twenty thousand dollars.

SEC. 3. That the said Eclectic Medical Society is hereby empowered, from time to time, to make such by-laws, rules, and regulations as they may find necessary, and do and perform such other things as may be requisite for carrying this act into effect, and which may not be repugnant to the Constitution and laws of the United States.

SEC. 4. That the said Eclectic Medical Society of the District of Columbia is hereby endowed with all the rights, privileges, and immunities that appertain to other medical societies of the District of Columbia.

SEC. 5. That all acts and parts of acts inconsistent with the provisions of this act are hereby repealed.

Approved, February 18, 1893.

AN ACT

To regulate the sale of milk in the District of Columbia, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That from and after the passage of this act no person shall, within the District of Columbia, keep or maintain a dairy or dairy farm without a permit so to do from the health officer of said District; application for said permit shall be made in writing, upon a form prescribed by said health officer: *Provided*, That no applicant for said permit shall be restrained from conducting business until said application has been acted upon by the health officer of the District of Columbia or his duly appointed agent. It shall be the duty of said health officer, upon receipt of said application in due form, to make or cause to be made an examination of the premises which it is intended to use in the maintenance of said dairy or dairy farm; if after such examination said premises are found to conform to the regulations governing dairies and dairy farms within the District of Columbia, said health officer shall issue the permit hereinbefore specified, without charge: *Provided*, That said permit may be suspended or revoked at any time, without notice, by said health officer whenever the milk-supply from said dairy or dairy farm is exposed to infection by Asiatic cholera, anthrax, diphtheria, erysipelas, scarlet fever, smallpox, splenic fever, tuberculosis, typhoid fever, typhus fever, or yellow fever, so as to render its distribution dangerous to public health.

SEC. 2. That no person shall bring or send into the District of Columbia for sale any milk without a permit so to do from the health officer of said District; application for said permit shall be made in writing, upon a form prescribed by said health officer, and shall be accompanied by such detailed description of the dairy farm or dairy where said milk is produced or stored as said health officer may require, and by a sworn statement as to the physical condition of the cattle supplying said milk: *Provided*, That no applicant for said permit shall be restrained from conducting business until said application has been acted upon by the health officer of the District of Columbia or his duly appointed agent. If after examination of said application said health officer is satisfied that said milk will be brought into the District of Columbia for sale or consumption without danger to public health, he shall issue, without charge to the applicant, a permit so to do, on condition that none but pure and unadulterated milk shall be, with knowledge of its impurity, brought into said District; that in the management of said dairy or dairy farm

said applicant shall be governed by the regulations of the health office of the District of Columbia, approved by the Commissioners of the District of Columbia, issued for dairies and dairy farms in said District, when said regulations do not conflict with the law of the State in which said dairy or dairy farm is located, and that said dairy or dairy farm may be inspected at any time without notice by the health officer of the District of Columbia or his duly appointed representative: *Provided*, That said permit may be suspended or revoked at any time without notice by said health officer whenever the milk supply from said dairy or dairy farm is exposed to infection by Asiatic cholera, anthrax, diphtheria, erysipelas, scarlet fever, smallpox, splenic fever, tuberculosis, typhoid fever, typhus fever, or yellow fever, so as to render its distribution dangerous to public health.

SEC. 3. That no person suffering from, or who has knowingly, within a period specified by the health officer of the District of Columbia, been exposed to diphtheria, scarlet fever, erysipelas, smallpox, anthrax, or other dangerous contagious disease, shall work or assist in or about any dairy or dairy farm; no proprietor, manager, or superintendent of any dairy or dairy farm within the District of Columbia shall knowingly permit any person suffering, or exposed as aforesaid, to work or assist in or about said dairy or dairy farm.

SEC. 4. That all milk wagons shall have the name of the owner, the number of permit, and the location of dairy from which said wagons haul milk, painted thereon plainly and legibly.

SEC. 5. That all grocers, bakers, and other persons having or offering for sale milk shall at all times keep the name or names of the dairymen from whom the milk on sale shall have been obtained posted up in a conspicuous place wherever such milk may be sold or kept for sale.

SEC. 6. That no person shall offer or have for sale in the District of Columbia any unwholesome, watered, or adulterated milk, or milk known as swill milk, or milk from cows that are fed on swill, garbage, or other like substance, nor any butter or cheese made from any such milk.

SEC. 7. That no person shall knowingly offer or have for sale any milk containing more than 88 per cent. of watery fluid and less than 12 per cent. of total milk solids, of which at least 3 per cent. shall be of fat.

SEC. 8. That no person shall sell, exchange, or deliver, or have in his custody or possession with intent to sell, exchange, or deliver, skimmed milk containing less than 9.3 per cent. of milk solids, inclusive of fat.

SEC. 9. That no dealer in milk, and no servant or agent of such a dealer, shall sell, exchange, or deliver, or have in his custody or possession with intent to sell, exchange, or deliver, milk from which the cream, or any part thereof, has been removed, unless in a conspicuous place, above the centre or upon the outside of every vessel, can, or package thereof, in which milk is sold, the words "skimmed milk" are distinctly marked in gothic letters, not less than one inch in length.

SEC. 10. That it shall not be lawful for any person or persons to sell or offer for sale, within the District of Columbia, milk taken from any cow less than fifteen days before or ten days after parturition, or from any cow which is known to be suffering from tuberculosis, splenic fever, anthrax, or any general or local disease which is liable to render the milk from said cow unwholesome.

SEC. 11. That it shall be the duty of the health officer of the District of Columbia, under direction of the Commissioners of said District, to make and enforce regulations to secure proper water-supply, drainage, ventilation, air space, floor space, and cleaning of all dairies and dairy farms within said District; to secure the isolation of cattle suffering from any contagious disease, and to carry into effect the provisions of this act.

SEC. 12. That the health officer of the District of Columbia, or his duly appointed assistants, shall have the right to enter without previous notice, for the purpose of inspection, any dairy or dairy farm within said District.

SEC. 13. That in all cases of sampling, in the District of Columbia, milk taken for analysis shall be taken, examined, and analyzed in the presence of at least two witnesses, one of whom may be the owner of the milk or his agent; and in all cases such sampling shall be made according to the Babcock method, to wit, dumping the milk from one can to another not less than twice before sampling.

SEC. 14. That prosecutions under this act shall be in the police court of said District, on information signed by the attorney of the District or one of his assistants, and any person or persons violating any of the provisions of this act shall be deemed guilty of a misdemeanor, and shall, on conviction, be punished for the first offence by a fine of not less than five dollars nor more than twenty-five dollars, to be collected as other fines and penalties, or by imprisonment in the work-house for a period of not more than thirty days, and for the second offence and each subsequent offence, by a fine of not less than fifty dollars nor more than one hundred dollars, or by imprisonment in the work-house for ninety days, or by both such fine and imprisonment, in the discretion of the court; and if the person so convicted

of a second or subsequent offence hold a permit under this act, the same shall be cancelled and no permit shall be issued to said person for a period of six months: *Provided*, That any person or persons under this act shall have the privilege, when demanded, of a trial by jury as in other jury cases in the police court.

SEC. 15. That all laws and parts of laws inconsistent with the foregoing be, and the same are hereby, repealed.

Approved, March 2, 1895.

53d Congress, {
2d Session. }

H. R. 7661.

IN THE HOUSE OF REPRESENTATIVES.

July 7, 1894.

Referred to the Committee on the District of Columbia and ordered to be printed.

Mr. McMILLIN (by request) introduced the following bill:

A BILL

To regulate the practice of medicine and surgery and to license physicians and surgeons in the District of Columbia, and for other purposes.

Whereas, because of the absence of a law to ascertain the qualification of individuals desiring to practise medicine and surgery in the District of Columbia, it is made a resort of persons who are excluded from the practice of medicine and surgery in other States by laws in said States requiring evidence of such qualifications: Therefore,

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Commissioners of the District of Columbia shall appoint a board of examiners which shall be known as the Board of Medical Examiners of the District of Columbia; said board shall consist of nine members, five members to be selected from a list of not less than ten names submitted by a majority vote at some regular meeting of the Medical Society of the District of Columbia, three members to be selected from a list of not less than six names submitted by a majority vote at some regular meeting of the Washington Homœopathic Medical Society, and one member to be selected from a list of not less than two names submitted by a majority vote at some regular meeting of the Eclectic Medical Society of the District of Columbia. Of the members of the board first appointed three shall be appointed for one year, three shall be appointed for two years, and three shall be appointed for

three years, and thereafter each member of said board shall be appointed for a term of three years, or until his successor is appointed: *Provided*, That no member of said board shall serve more than two terms in succession, and that no member of said board shall have been engaged in the practice of medicine and surgery in the District of Columbia for less than ten years at the time of his appointment: *And provided further*, That the Commissioners of the District of Columbia may at any time remove any member of said board, upon petition by the medical society by which such member was first nominated, and that in the case of the death, resignation, or removal of any member, the vacancy for the unexpired term of said member shall be filled in the same manner as other appointments are made.

SEC. 2. That each member of said board of medical examiners of the District of Columbia shall, before entering upon the discharge of his duties, take an oath to administer fairly and impartially the provisions of this act; said board shall elect a president, a vice-president, a secretary, and a treasurer; it shall have a common seal, and the secretary shall be empowered to administer oaths in taking testimony upon any matter pertaining to the duties of said board; said board shall hold meetings for examination in the city of Washington on the second Thursday in January, April, July, and October of each year and continuing so long as may be necessary to examine all applicants, and at such other times as a majority of the board may deem expedient; said board shall keep an official record of all its meetings, also an official register of all applicants for examination for a license to practise medicine and surgery in the District of Columbia; said register shall show the name, age, and place and duration of residence of each candidate, the time he or she has spent in medical study, in or out of medical school, and the names and locations of all medical schools which have granted said applicant any degree or certificate of attendance upon lectures in medicine, and shall show the school of medicine which the applicant desires to practise; said register shall also show whether such applicant was rejected or licensed under this act; said register shall be *prima facie* evidence of all matters contained therein. It shall be the duty of the secretary of said board to mail to the address of each applicant a notice of the time and place of examination; said notice shall be mailed not less than seven days before the examination, and at a longer period, if requested by the applicant at the time of making application; said board shall make such rules and regulations as they may deem necessary to carry into effect the provisions of this act; said rules and regulations, when approved by the Commissioners

of the District of Columbia, shall have full force and effect of law : *Provided*, That said board may elect a secretary from other than its own members, and when so elected said secretary may be removed at any time by a majority vote of said board.

SEC. 3. That from and after the passage of this act all persons desiring to practise medicine and surgery in any of their branches in the District of Columbia shall apply to the said board of medical examiners for a license so to do ; applicants shall submit to examination upon the following-named branches, to wit: Anatomy, physiology, chemistry, pathology, *materia medica* and therapeutics, hygiene, histology, practice of medicine, surgery, obstetrics and gynecology, diseases of the eye and ear, medical jurisprudence, and such other branches as the board may deem advisable ; said board shall not examine any applicant until satisfactory proof is furnished that he is of good moral character and over twenty-one years of age, nor until he has presented a diploma conferring upon him the degree of doctor of medicine, issued by some medical college authorized by law to confer such degree : *Provided*, That said diploma, if issued prior to July first, eighteen hundred and ninety-seven, shall be accompanied by satisfactory evidence that said applicant has studied medicine and surgery for not less than three years prior to the issue thereof, and if issued subsequent to June thirtieth, eighteen hundred and ninety-seven, shall be accompanied by satisfactory evidence that the applicant has studied medicine and surgery for not less than four years prior to the issue of said diploma. All examinations shall be both theoretical and practical, and of sufficient severity to test a candidate's fitness to practise medicine and surgery.

SEC. 4. That each application for a license shall be made to the secretary of said board of medical examiners upon a form prescribed by said board and approved by the Commissioners of the District of Columbia, and shall be accompanied by a fee of twenty dollars. Each application shall be in the hands of the secretary of said board not less than two weeks before the day set for examination. Each application shall state the full name and address of each applicant, his or her age, the place and duration of residence of said applicant, the time he or she has spent in the study and practice of medicine in or out of medical schools and hospitals, the names and locations of all medical schools which have granted said applicant any degree or certificate of attendance upon lectures in medicine and surgery, the school of medicine which the applicant desires to practise, and such other information as the board may require ; said information shall be furnished under oath. Any application may be rejected for refusal to furnish any of the information called for or for other

irregularity. Each application shall be kept on file by the secretary of the board.

SEC. 5. That examinations shall be oral and in writing: In all examinations the questions must be, except in practice of medicine and in *materia medica* and therapeutics, such as should be answered in common by all schools of practice; and if the applicant intends to practice homœopathy or eclecticism, the member or members of said board of the schools selected by him shall examine said applicant in practice of medicine and in *materia medica* and therapeutics. The votes of all examiners shall be "yes" or "no" for the respective branches, and written, with their signatures, upon the backs of the examination papers of each candidate; said examination papers shall be kept on file by the secretary of said board for five years, and shall be *prima facie* evidence of all matters contained therein.

SEC. 6. That if any applicant shall pass such examination as is hereinbefore provided for in a manner satisfactory to seven members of said board of medical examiners of the District of Columbia, said board shall issue a license, signed by the president and the secretary thereof and attested by its seal, which shall entitle said applicant, after it has been registered as hereinafter provided, to practise medicine and surgery in the District of Columbia: *Provided*, That a license shall be issued without examination to each physician a graduate of any medical college in good standing who is registered at the health office at the time of the passage of this act. All licenses issued by said board shall be numbered consecutively, and a register shall be kept by the secretary showing the number of each license, the date of issue, and to whom issued.

SEC. 7. That the board of medical examiners of the District of Columbia may by a vote of seven members refuse to grant or may revoke a license, or may cause the name of any person to be removed from the record of the supreme court of the District of Columbia and from the register of the health office, for the following causes, to wit: Chronic and persistent inebriety, the practice of criminal abortion, conviction of crime involving moral turpitude, or for publicly advertising ability to treat or cure diseases. In complaints under this section the accused shall be furnished with a copy of the complaint and be given a hearing before said board in person or by attorney. Said board may at any time within two years from the refusal or revocation of a license or the cancellation of registration under this section, by a unanimous vote, issue, without examination, a new license to the physician so affected, restoring to him all the rights and privileges of other physicians licensed under this act.

SEC. 8. That any person receiving a license as hereinbefore pro-

vided shall have it recorded in the office of the clerk of the supreme court of the District of Columbia within three months from the date of said license, and the date of record shall be indorsed thereon by said clerk; and the holder of the license shall pay to the recording clerk a fee of fifty cents for making the record. The holder of said license shall, after the same has been recorded, exhibit the same at the health office, and register, in a book provided for that purpose, his name and address. Whenever a license is revoked by said board the secretary thereof shall report that fact in writing to the clerk of record and to the health officer of the District of Columbia, who shall thereupon cancel such registration.

SEC. 9. That this act shall not apply to commissioned surgeons of the United States Army, Navy, or Marine Hospital Service, nor to regularly licensed physicians and surgeons in actual consultation from other States or Territories; nor to regularly licensed physicians and surgeons actually called from other States or Territories to attend specified cases in the District of Columbia; nor to physicians graduates of medical colleges in good standing already on the register at the health office, who shall be required, without examination, to register their names with the supreme court of the District of Columbia and at the health office, and shall in other respects be subject to the rules and restrictions of this act; nor to dentists in the legitimate exercise of their profession; nor to midwives, registered at the health office of the said District, in the management of uncomplicated cases of obstetrics; nor to the treatment of any case of actual emergency; nor to the use of ordinary domestic remedies without any fee, gift, or consideration of any kind being given in return therefor.

SEC. 10. That any person shall be regarded as practising medicine and surgery within the meaning of this act who shall append the letters M.D. or M.B. to his or her name, or who shall prescribe, advise, or apply, for the use of any person or persons, any drug or medicine or other agency, or who shall perform any operation for the treatment, cure, or relief of any bodily injury, infirmity, or disease, or who shall publicly profess to do any of these things.

SEC. 11. That from and after the passage of this act any person practising medicine and surgery in the District of Columbia without having first obtained a license to so do and registered the same as herein provided, or in violation of any of the provisions of this act, or any of the rules and regulations made by authority conferred by section two therof, or after his license, or registration, or both, has been cancelled by order of the board of medical examiners of the District of Columbia, shall be deemed guilty of a misdemeanor, and,

upon conviction thereof, shall be punished for each offence by a fine of not less than fifty nor more than five hundred dollars, or by imprisonment in the District jail for a period of not less than ten nor more than ninety days, or by both such fine and imprisonment. It shall be the duty of the United States district attorney for the District of Columbia to prosecute all violations of the provisions of this act.

SEC. 12. That the secretary of the board of examiners shall be paid for taking testimony the same fee that is allowed to an examiner in chancery for the same service. The expense of the said board and of the examinations shall be paid from the license fees herein provided for, and if any surplus remain on the thirtieth day of June of each year the same may be divided among the members of said board, pro rata to the number of examinations at which they have been present during the preceding year.

SEC. 13. That all acts or parts of acts, general or special, now existing not in accordance with the provisions of this act, or inconsistent therewith, be, and are hereby, repealed.

53d Congress, }
3d Session. }

H. R. 8133.

IN THE HOUSE OF REPRESENTATIVES.

December 10, 1894.

Referred to the Committee on the District of Columbia and ordered to be printed.

Mr. HEARD (by request) introduced the following bill:

A BILL

To regulate the practice of medicine and surgery, to license physicians, and so forth.

Whereas, because of the absence of a law to ascertain the qualification of individuals desiring to practise medicine and surgery in the District of Columbia, it is made a resort of persons who are excluded from the practice of medicine and surgery in other States by laws in said States requiring evidence of such qualifications: Therefore

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Commissioners of the District of Columbia shall appoint a board of examiners which shall be known as the board of medical examiners of the District of Columbia; said board shall consist of nine members, to be selected from a list of not less than eighteen names submitted by a majority

vote at some regular meeting of the Medical Society of the District of Columbia. Of the members of the board first appointed three shall be appointed for one year, three shall be appointed for two years, and three shall be appointed for three years, and thereafter each member of said board shall be appointed for a term of three years, or until his successor is appointed: *Provided*, That no member of said board shall have been engaged in the practice of medicine and surgery in the District of Columbia for less than five years at the time of his appointment: *And provided further*, That the Commissioners of the District of Columbia may at any time remove any member of said board, upon petition by the Medical Society, and that in case of death, resignation, or removal of any member the vacancy for the unexpired term of said member shall be filled in the same manner as other appointments are made.

SEC. 2. That each member of said board of medical examiners of the District of Columbia shall, before entering upon the discharge of his duties, take an oath to administer fairly and impartially the provisions of this act; said board shall elect a president, a vice-president, a secretary, and a treasurer; it shall have a common seal, and the secretary shall be empowered to administer oaths in taking testimony upon any matter pertaining to the duties of said board; said board shall hold meetings for examination in the city of Washington on the second Thursday in January, April, July, and October of each year, and continuing so long as may be necessary to examine all applicants, and at such other times as a majority of the board may deem expedient; said board shall keep an official record of all its meetings, also an official register of all applicants for examination for a license to practise medicine and surgery in the District of Columbia; said register shall show the name, age, and place and duration of residence of each candidate, the time he or she has spent in medical study in or out of medical school, and the names and locations of all medical schools which have granted said applicant any degree or certificate of attendance upon lectures in medicine; said register shall also show whether such applicant was rejected or licensed under this act; said register shall be *prima facie* evidence of all matters contained therein; it shall be the duty of the secretary of said board to mail to the address of each applicant a notice of the time and place of examination; said notice shall be mailed not less than seven days before the examination, and at a longer period if requested by the applicant at the time of making application; said board shall make such rules and regulations as they may deem necessary to carry into effect the provisions of this act; said rules and regulations, when approved by the Commissioners of the District of

Columbia, shall have full force and effect of law: *Provided*, That said board may elect a secretary from other than its own members, and when so elected said secretary may be removed at any time by a majority vote of said board.

SEC. 3. That from and after the passage of this act all persons desiring to practise medicine and surgery in any of their branches in the District of Columbia shall apply to the said board of medical examiners for a license so to do; applicants shall submit to examination upon the following-named branches, to wit: Anatomy, physiology, chemistry, pathology, *materia medica* and therapeutics, hygiene, histology, practice of medicine, surgery, obstetrics and gynecology, diseases of the eye and the ear, medical jurisprudence, and such other branches as the board may deem advisable; said board shall not examine any applicant until satisfactory proof is furnished that he is of good moral character and over twenty-one years of age, nor until he has presented a diploma conferring upon him the degree of doctor of medicine, issued by some medical college authorized by law to confer such degree: *Provided*, That said diploma if issued prior to July first, eighteen hundred and ninety-seven, shall be accompanied by satisfactory evidence that said applicant has studied medicine and surgery for not less than three years prior to the issue thereof, and if issued subsequent to June thirtieth, eighteen hundred and ninety-seven, shall be accompanied by satisfactory evidence that the applicant has studied medicine and surgery for not less than four years prior to the issue of said diploma. All examinations shall be both theoretical and practical, but of sufficient severity to test a candidate's fitness to practise medicine and surgery.

SEC. 4. That each application for a license shall be made to the secretary of said board of medical examiners upon a form prescribed by said board and approved by the Commissioners of the District of Columbia, and shall be accompanied by a fee of twenty dollars; each application shall be in the hands of the secretary of said board not less than two weeks before the day set for examination; each application shall state the full name and address of each applicant, his or her age, the place and duration of residence of said applicant, the time he or she has spent in the study and practice of medicine in or out of medical schools and hospitals, the names and locations of all medical schools which have granted said applicant any degree or certificate of attendance upon lectures in medicine and surgery, and such other information as the board may require; said information shall be furnished under oath; any application may be rejected for refusal to furnish any of the information called for, or for other

irregularity; each application shall be kept on file by the secretary of the board.

SEC. 5. That examinations shall be oral and in writing; the votes of all examiners shall be "Yes" or "No" for the respective branches, and written with their signatures upon the backs of the examination papers of each candidate; said examination papers shall be kept on file by the secretary of said board for five years, and shall be prima facie evidence of all matters contained therein.

SEC. 6. That if any applicant shall pass such examination as is hereinbefore provided for in a manner satisfactory to seven members of said board of medical examiners of the District of Columbia, said board shall issue a license, signed by the president and the secretary thereof, and attested by its seal, which shall entitle said applicant, after it has been registered as hereinafter provided, to practise medicine and surgery in the District of Columbia: *Provided*, That a license shall be issued without examination to each physician, a graduate of any medical college in good standing, who is registered at the health office at the time of the passage of this act; all licenses issued by said board shall be numbered consecutively, and a register shall be kept by the secretary showing the number of each license, the date of issue, and to whom issued.

SEC. 7. That the board of medical examiners of the District of Columbia may, by a vote of seven members, refuse to grant or may revoke a license, or may cause the name of any person to be removed from the record of the supreme court of the District of Columbia and from the register of the health office, for the following causes, to wit: Chronic and persistent ineptitude, the practice of criminal abortion, conviction of crime involving moral turpitude, or for publicly advertising ability to treat or cure diseases. In complaints under this section the accused shall be furnished with a copy of the complaint and be given a hearing before said board in person or by attorney. Said board may, at any time within two years from the refusal or revocation of a license, or the cancellation of registration under this section, by a unanimous vote, issue, without examination, a new license to the physician so affected, restoring to him all the rights and privileges of other physicians licensed under this act.

SEC. 8. That any person receiving a license as hereinbefore provided shall have it recorded in the office of the clerk of the supreme court of the District of Columbia within three months from the date of said license, and the date of record shall be indorsed thereon by said clerk; and the holder of the license shall pay to the recording clerk a fee of fifty cents for making the record; the holder of said license shall, after the same has been recorded, exhibit the same

at the health office and register, in a book provided for that purpose, his name and address; whenever a license is revoked by said board the secretary thereof shall report that fact in writing to the clerk of record and to the health officer of the District of Columbia, who shall thereupon cancel such registration.

SEC. 9. That this act shall not apply to commissioned surgeons of the United States Army, Navy, or Marine Hospital Service, nor to regularly licensed physicians and surgeons in actual consultation from other States and Territories, nor to regularly licensed physicians and surgeons actually called from other States or Territories to attend specified cases in the District of Columbia; nor to physicians graduates of medical colleges in good standing already on the register at the health office, who shall be required, without examination, to register their names with the supreme court of the District of Columbia and at the health office, and shall in all other respects be subject to the rules and restrictions of this act; nor to dentists in the legitimate exercise of their profession; nor to midwives, registered at the health office of the said District, in the management of uncomplicated cases of obstetrics; nor to the treatment of any case of actual emergency; nor to the use of ordinary domestic remedies without any fee, gift, or consideration of any kind being given in return therefor.

SEC. 10. That any person shall be regarded as practising medicine and surgery within the meaning of this act who shall append the letters M.D. or M.B. to his or her name, or who shall prescribe, advise, or apply, for the use of any person or persons, any drug or medicine, or other agency; or who shall perform any operation for the treatment, cure, or relief of any bodily injury, infirmity, or disease, or who shall publicly profess to do any of these things.

SEC. 11. That from and after the passage of this act any person practising medicine and surgery in the District of Columbia without having first obtained a license to so do and registered the same as herein provided, or in violation of any of the provisions of this act, or any of the rules and regulations made by authority conferred by section two hereof, or after his license, or registration, or both, has been cancelled by order of the board of medical examiners of the District of Columbia, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be punished for each offence by a fine of not less than fifty nor more than five hundred dollars, or by imprisonment in the District jail for a period of not less than ten nor more than ninety days, or by both such fine and imprisonment; it shall be the duty of the United States district attorney for the District of Columbia to prosecute all violations of the provisions of this act.

SEC. 12. That the secretary of the board of examiners shall be paid for taking testimony the same fee that is allowed to an examiner in chancery for the same service; the expense of the said board and of the examinations shall be paid from the license fees herein provided for, and if any surplus remain on the thirtieth day of June of each year, the same may be divided among the members of said board pro rata to the number of examinations at which they have been present during the preceding year.

SEC. 13. That all acts or parts of acts, general or special, now existing not in accordance with the provisions of this act, or inconsistent therewith, be and are hereby repealed.

53d Congress, }
1st Session. }

H. R. 8229.

IN THE HOUSE OF REPRESENTATIVES.

December 17, 1894.

Referred to the Committee on the District of Columbia and ordered to be printed.

Mr. BLAIR (by request) introduced the following bill:

A BILL

To regulate the practice of medicine in the District of Columbia.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Physio-Medical School of Medicine shall have all the rights, privileges, and protection that is or may be provided by the law for allopathic, homeopathic, or any school of medicine within the District of Columbia, and that the professors, demonstrators, surgeons, and physicians of the Physio-Medical School of Medicine shall have the same rights, privileges, and protection, and to teach their principles and practise their profession as now is or may be accorded by the law to any school of medicine within the District of Columbia: Provided, That the health officer shall register upon his registration books, in his office, the names of all members of the physio-medical associations, whether honorary or otherwise, or graduates from their colleges, as regular medical practitioners, they producing certificates from the physio-medical associations as members, whether honorable or otherwise, or diplomas as graduates from their colleges, and that no discrimination shall be made by the health officer for death certificates or otherwise, nor by the District authorities in their appointments or otherwise, because of this non-poisonous school of medicine

and their principles of practice; an equal recognition must be accorded them.

53d Congress, }
3d Session. }

S. 2645.

IN THE SENATE OF THE UNITED STATES.

January 23, 1895.

Mr. TELLER introduced the following bill, which was read twice and referred to the Committee on the District of Columbia:

A BILL

To regulate the practice of medicine and surgery and to license physicians and surgeons in the District of Columbia, and for other purposes.

Whereas, because of the absence of a law to ascertain the qualifications of individuals desiring to practise medicine and surgery in the District of Columbia, it is made a resort of persons who are excluded from the practice of medicine and surgery in other States by laws in said States requiring evidence of such qualifications: Therefore

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Commissioners of the District of Columbia shall appoint three boards of examiners, each composed of five members, which shall be known as the Boards of Medical Examiners of the District of Columbia. The members of one board shall be selected from a list of not less than ten names, submitted by a majority vote at some regular meeting of the Medical Society of the District of Columbia. The members of another board shall be selected from a list of not less than ten names, submitted by a majority vote at some regular meeting of the Washington Homeopathic Medical Society. The members of the third board shall be selected from a list of not less than ten names, submitted by a majority vote at some regular meeting of the Eclectic Medical Society of the District of Columbia. The members of each board first appointed shall hold office for three years, and thereafter each member of each board shall be appointed for a term of three years, or until his successor be appointed: Provided, That no member of any board shall have been engaged in the practice of medicine and surgery in the District of Columbia for less than five years at the time of his appointment: And provided further, That the Commissioners of the District of Columbia may at any time remove any member of any board, upon petition by the medical society of which

such member was first nominated ; and that in the case of the death, resignation, or removal of any member, the vacancy for the unexpired term of said member shall be filled in the same manner as the original appointments were made.

SEC. 2. That each member of said boards of medical examiners of the District of Columbia shall, before entering upon the discharge of his duties, take an oath to administer fairly and impartially the provisions of this act. Each board shall elect a president, a vice-president, a secretary, and a treasurer. It shall have a common seal, and the secretary shall be empowered to administer oaths in taking testimony upon any matter pertaining to the duties of said board. Each board shall hold meetings for examination in the city of Washington, on the second Thursday in January, April, July, and October of each year, and continuing so long as may be necessary to examine all applicants, and at such other times as a majority of each board may deem expedient. Each board shall keep an official record of all its meetings ; also an official register of all applicants for examination for a license to practise medicine and surgery in the District of Columbia. Said register shall show the name, age, and place and duration of residence of each candidate, the time he or she has spent in medical study, in or out of medical schools, and the names and locations of all medical schools which have granted said applicant any degree or certificate of attendance upon lectures in medicine, and shall show the school of medicine which the applicant desires to practise ; said register shall also show whether said applicant was rejected or licensed under this act ; said register shall be prima facie evidence of all matters contained therein. It shall be the duty of the secretary of each board to mail to the address of each applicant a notice of the time and place of examination ; said notice shall be mailed not less than seven days before the examination, and at a longer period if requested by the applicant at the time of making application. Each board shall make such rules and regulations as it may deem necessary to carry into effect the provisions of this act ; said rules and regulations, when approved by the Commissioners of the District of Columbia, shall have full force and effect of law : *Provided*, That each board may elect a secretary from other than its own members, and when so elected said secretary may be removed at any time by a majority vote of said board.

SEC. 3. That from and after the passage of this act all persons desiring to practise medicine and surgery in any of their branches in the District of Columbia shall apply to the board of medical examiners representing the school of medicine in which he intends to practise for a license so to do. Applicants shall submit to exami-

nation upon the following-named branches, namely: Anatomy, physiology, chemistry, pathology, *materia medica* and *therapeutics*, hygiene, histology, the practice of medicine, surgery, obstetrics and gynecology, diseases of the eye and ear, medical jurisprudence, and such other branches as the boards may deem advisable. The boards shall not examine any applicant until satisfactory proof is furnished that he is of good moral character and over twenty-one years of age, nor until he has presented a diploma conferring upon him the degree of doctor of medicine issued by some medical college authorized by law to confer such degree: *Provided*, That said diploma, if issued prior to July first, eighteen hundred and ninety-seven, shall be accompanied by satisfactory evidence that said applicant has studied medicine and surgery for not less than three years prior to the issue thereof, and if issued subsequent to June thirtieth, eighteen hundred and ninety-seven, shall be accompanied by satisfactory evidence that the applicant has studied medicine and surgery for not less than four years prior to the issue of said diploma. All examinations shall be both theoretical and practical, and of sufficient severity to test a candidate's fitness to practise medicine and surgery.

SEC. 4. That the Commissioners of the District of Columbia shall appoint the presidents for the time being of said three boards, a committee on examinations, whose duty it shall be to examine, revise, and edit the questions used by the said boards in examining applicants for licenses, which committee shall also have the right to examine the answers of applicants examined, and if a majority of the said committee shall be of the opinion that the questions propounded are, for any reason, insufficient for the purpose intended, or that the answers to the questions in any case are not of such a character as to warrant the applicant's admission or rejection, said committee shall report the facts to the said Commissioners, who shall have power, and whose duty it shall be, to make such order in the premises as they shall deem best to give full effect to the spirit and intent of this act, and any order made by said Commissioners, after giving the parties interested an opportunity to be heard, shall be binding upon the said boards.

SEC. 5. That each application for a license shall be made to the secretary of the board of medical examiners of the school to which the applicant belongs, upon a form prescribed by the said boards, and approved by the Commissioners of the District of Columbia, and shall be accompanied by a fee of twenty dollars. Each application shall be in the hands of the secretary of said board not less than two weeks before the day set for examination. Each application shall state the full name and address of each applicant, his or her age, the

place and duration of residence of said applicant, the time he or she has spent in the study and practice of medicine in or out of medical schools and hospitals, the names and locations of all schools which have granted said applicant any degree or certificate of attendance upon lectures in medicine and surgery, the school of medicine which the applicant desires to practise, and such other information as the board may require; said information shall be furnished under oath. Any application may be rejected for refusal to furnish any of the information called for, or for other irregularity. Each application shall be kept on file by the secretary of the board.

SEC. 6. That examinations shall be in writing. In all examinations the questions must be, except in the practice of medicine and in *materia medica* and *therapeutics*, such as should be answered in common by all schools of practice; and if the applicant intends to practise homoeopathy or eclecticism, the member or members of the board representing the school selected by him shall subject said applicant to an appropriate examination in the practice of medicine, *materia medica*, and *therapeutics*. There shall be propounded ten questions to each branch. A correct set of answers to any one paper shall entitle the candidate to a full mark for that subject, namely, one hundred points, each full and correct answer rating ten points. Partial or imperfect answers shall be rated by the examiners in accordance with their degree of fulness and correctness. Any applicant who obtains a general average of not less than seventy-five of a possible one hundred shall be entitled to a certificate from the board before which he appears, upon which certificate a license shall be issued signed by the president and secretary thereof, and attested by its seal, which shall entitle said applicant, after it has been registered as hereinafter provided, to practise medicine and surgery in the District of Columbia: *Provided*, That a license shall be issued without examination to each physician a graduate in good standing of any regularly chartered college, who is registered at the health office of the District of Columbia at the time of the passage of this act. Examination papers shall be kept on file by the secretary of each board for five years, and shall be *prima facie* evidence of all matters contained therein.

SEC. 7. That any board of medical examiners of the District of Columbia may by a vote of three members refuse to grant or may revoke a license granted by it, or may cause the name of any person licensed by it to be removed from the record of the supreme court of the District of Columbia and from the register of the health office, for the following causes, to wit: Chronic and persistent ineptitude, the practice of criminal abortion, conviction of crime involving moral

turpitude, or for publicly advertising ability to treat or cure diseases. In complaints under this section the accused shall be furnished with a copy of the complaint and be given a hearing before said board in person or by attorney. Said board may at any time within two years from the refusal or revocation of a license or the cancellation or registration under this section, by a unanimous vote, issue without examination a new license to the physician so affected, restoring him to all the rights and privileges of other physicians licensed under this act.

SEC. 8. That any person receiving a license as hereinbefore provided shall have it recorded in the office of the clerk of the supreme court of the District of Columbia within three months from the date of said license, and the date of record shall be indorsed thereon by said clerks; and the holder of the license shall pay to the recording clerk of said court a fee of fifty cents for making the record. The holder of said license shall, after the same has been recorded, exhibit the same at the health office, and register, in a book provided for that purpose, his name and address. Whenever a license is revoked by any board the secretary thereof shall report that fact in writing to the clerk of said court, and to the health officer of the District of Columbia, who shall thereupon cancel such registration.

SEC. 9. That this act shall not apply to commissioned surgeons of the United States Army, Navy, or Marine Hospital Service; nor to regularly licensed physicians and surgeons in actual consultation from other States or Territories; nor to regularly licensed physicians and surgeons actually called from other States or Territories to attend specified cases in the District of Columbia; nor to physicians graduates of medical colleges in good standing already on the register at the health office, who shall be required, without examination, to register their names with the supreme court of the District of Columbia and at the health office, and shall in all other respects be subject to the rules and restrictions of this act; nor to dentists in the legitimate exercise of their profession; nor to midwives, registered at the health office of the said district, in the management of uncomplicated cases of obstetrics; nor to the treatment of any case of actual emergency; nor to the use of ordinary domestic remedies without any fee, gift, or consideration of any kind being given in return therefor: *Provided*, That a license may be issued under such regulations as the committee on examinations, with the approval of the Board of Commissioners of said District, shall make to any physician holding a license from any State Board of Medical Examiners established by law, which has required, before the issue of said license, qualifications and examinations equivalent to those required by this act for the issue of similar licenses.

SEC. 10. That any person shall be regarded as practising medicine and surgery within the meaning of this act who shall append the letters M.D. or M.B. to his or her name, or who shall prescribe, advise, or apply, for the use of any person or persons, any drug or medicine or other agency, or who shall perform any operation for the treatment, cure, or relief of any bodily injury, infirmity, or disease, or who shall publicly profess to do any of these things.

SEC. 11. That from and after the passage of this act any person practising medicine and surgery in the District of Columbia without first having obtained a license to do so, and registered the same as herein provided, or in violation of any of the provisions of this act or any of the rules and regulations made by authority conferred by section two thereof, or after his license or registration, or both, has been cancelled by order of the Board of Medical Examiners of the District of Columbia, by which he was licensed, shall be deemed guilty of a misdemeanor, and upon conviction thereof in the police court of said District, upon an information similar to that filed in the case of violations of the police regulations made by the said Commissioners, shall be fined not less than fifty nor more than five hundred dollars, or by imprisonment in the District jail for a period of not less than ten nor more than ninety days, or by both such fine and imprisonment. It shall be the duty of the attorney of the District of Columbia to prosecute all violations of the provisions of this act.

SEC. 12. That the secretary of each board of examiners shall be paid for taking testimony the same fee that is allowed to an examiner in chancery for the same service. The expense of each board, and of the examinations held by it, shall be paid from the license fees herein provided for, and if any surplus remain on the thirtieth day of June of each year to the credit of any board, the same may be divided among the members of that board pro rata to the number of examinations at which they have been present during the preceding year.

SEC. 13. That all acts or parts of acts, general or special, now existing not in accordance with the provisions of this act, or inconsistent therewith, be, and are hereby, repealed.

53d Congress, }
3d Session. }

S. 2685.

IN THE SENATE OF THE UNITED STATES.

January 31, 1895.

Mr. HARRIS (by request) introduced the following bill, which was read twice and referred to the Committee on the District of Columbia:

A BILL

To regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof in the District of Columbia.

Whereas, because of the absence of a law to ascertain the qualifications of individuals desiring to practise medicine and surgery in the District of Columbia, it is made a resort for persons who are excluded from the practice of medicine and surgery in other States by laws in said States requiring evidence of such qualifications: Therefore

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be, and is hereby, created a board of medical supervisors of the District of Columbia, which shall consist of the presidents of the three boards of medical examiners hereinafter provided for and two members to be appointed by the Commissioners of the District of Columbia, each for a period of three years, or until his successor is appointed: Provided, That said Commissioners may remove any member of said board for neglect of duty or other just cause.

SEC. 2. That the said board of medical supervisors shall elect a president and secretary, who shall also act as treasurer and shall give such bond as may be required by the Commissioners of the District of Columbia. Said board shall make, subject to the approval of the Commissioners of the District of Columbia, such regulations as may be necessary to carry into effect the provisions of this act. Said board shall hold such meetings as may be necessary for the transaction of business. Said board shall supervise all examinations provided for in this act, and shall issue all licenses to practise medicine or midwifery in the District of Columbia. Said board shall keep an official record of its meetings, also an official register of all applicants for examination for a license to practise medicine and surgery in the District of Columbia. Said register shall show the name, age, and place and duration of residence of each candidate, the time he or she has spent in medical study, in or out of medical

schools, and the names and locations of all medical schools which have granted said applicant any degree or certificate of attendance upon lectures in medicine. Said register shall also show whether said applicant was rejected or licensed under this act. Said register shall be *prima facie* evidence of all matters contained therein. The secretary of said board shall have the power to administer oaths upon such matters as pertain to the business thereof. It shall be the duty of the secretary of said board to mail to the address of each applicant a notice of the time and place of examination not less than seven days before the examination, and at a longer period if requested by the applicant at the time of making application.

SEC. 3. That from and after the passage of this act all persons desiring to practise medicine and surgery in any of their branches in the District of Columbia shall apply to the said board of medical supervisors for a license to do so. Applicants shall submit to examination upon the following-named branches, to wit: Anatomy, physiology, chemistry, pathology, *materia medica* and therapeutics, hygiene, histology, practice of medicine, surgery, obstetrics and gynecology, diseases of the eye and the ear, medical jurisprudence, and such other branches as said board shall deem advisable. Each applicant shall be certified by said board for examination as speedily as possible to the board of medical examiners whose members are adherents to the system of medicine which said applicant desires to practise; but said board shall not certify for examination any applicant until satisfactory proof is furnished that he is of good moral character and over twenty-one years of age; nor until he has presented a diploma conferring upon him the degree of doctor of medicine, issued by some medical college authorized by law to confer such degree: *Provided*, That said diploma, if issued prior to July first, eighteen hundred and ninety-seven, shall be accompanied by satisfactory evidence that said applicant has studied medicine and surgery for not less than three years prior to the issue thereof, and if issued subsequent to June thirtieth, eighteen hundred and ninety-seven, shall be accompanied by satisfactory evidence that the applicant has studied medicine and surgery for not less than four years prior to the issue of said diploma. All examinations shall be both theoretical and practical, and of sufficient severity to test a candidate's fitness to practise medicine and surgery. Any applicant intending to practise in the District of Columbia any system of medicine or treatment other than the regular or homoeopathic or eclectic system, and stating such intention in his application, shall be exempt from such part of any examinations to which he may be subjected as relates exclusively to the treatment of disease, but such applicant

shall submit in all other branches to the same examinations as are required of other applicants, and shall be examined by such board of examiners as may be designated by the board of medical supervisors: *Provided*, That any person who may avail himself of the exemption allowed by this clause, and who receives a license under this act, shall cause at all times to be plainly affixed to any sign or signs he may erect or cause to be erected, and to any prescription blanks, bill-heads, and other like articles he may use in his professional work, and to be inserted in any advertisement he may cause to be displayed, the designation of the system of medicine or treatment employed by him for the cure and relief of disease.

SEC. 4. That said application for a license to practise medicine and surgery in the District of Columbia shall be made to the secretary of said board of medical supervisors upon a form prescribed by said board, and shall be accompanied by a fee of twenty dollars. Each application shall be in the hands of the secretary of said board not less than two weeks before the day set for examination, and any application may be rejected for refusal to furnish any of the information called for or for other irregularity. All applications shall be kept on file by the secretary of the board.

SEC. 5. That immediately after the passage of this act the Commissioners of the District of Columbia shall appoint three boards of medical examiners, one to be known as the board of medical examiners of the District of Columbia, and to be composed of five physicians in good standing, adherents to the regular system of medical practice; one to be known as the board of homœopathic medical examiners of the District of Columbia, and to be composed of five physicians in good standing, adherents to the homœopathic system of medical practice, and one to be known as the board of eclectic medical examiners of the District of Columbia, to be composed of five physicians in good standing, adherents to the eclectic system of medical practice. Of the members of each board first appointed, one shall be appointed to serve one year, two to serve two years, and two to serve three years, and thereafter each member of each board shall be appointed to serve three years, or until his successor is appointed: *Provided*, That no member of said boards shall have engaged in the practice of medicine and surgery in the District of Columbia for less than five years at the time of his appointment: *And provided further*, That the Commissioners of the District of Columbia may at any time remove any member of said boards for neglect of duty or other just cause, and that in case of the death, resignation, or removal of any member, the vacancy for the unexpired term of said member shall be filled in the same manner as other appointments are made.

SEC. 6. That each member of said boards of medical examiners of the District of Columbia shall, before entering upon the discharge of his duties, take an oath to administer fairly and impartially the provisions of this act. Each board shall elect from its own members a president and secretary. Each board shall hold a meeting for examination in the city of Washington on the second Thursday in January, April, July, and October of each year, and continuing so long as may be necessary to examine all applicants, and at such other times as the board of medical supervisors shall direct. Each of said boards of medical examiners shall examine, at the examination immediately following the receipt of the proper certificates from the board of medical supervisors, all applicants for licenses to practise medicine and surgery in the District of Columbia so certified.

SEC. 7. That the several boards of medical examiners shall, not less than one week prior to each examination, submit to the board of medical supervisors of the District of Columbia questions for thorough examinations in anatomy, physiology, chemistry, pathology, *materia medica* and therapeutics, hygiene, histology, practice of medicine, surgery, obstetrics and gynecology, diseases of the eye and the ear, medical jurisprudence, and such other branches as said board of medical supervisors may direct. From the lists of questions so submitted, said board of medical supervisors shall select the questions for each examination, and such questions shall be the same for all candidates, except that in the department of therapeutics, practice of medicine, and *materia medica* the questions shall be in harmony with the system of medicine selected by the candidate. Said examinations shall be conducted orally and in writing, in accordance with the rules and regulations prescribed by the board of medical supervisors, and shall embrace the subjects in section three of this act. An official report of the result of each examination, signed by the president and secretary and each acting member of said board of medical examiners, stating the examination average of each candidate in each branch, the general average, and the result of the examination, whether successful or unsuccessful, shall be transmitted to the board of medical supervisors within fifteen days from the date of such examination. Said report shall embrace all the examination papers, questions, and answers thereto. All such examination papers shall be kept for reference and inspection for a period of not less than five years.

SEC. 8. That if in the opinion of a majority of the board of medical supervisors, after a careful examination of the report of the board of medical examiners by which any applicant was examined, said applicant has fairly passed such examination as hereinbefore

provided for, the board of medical supervisors of the District of Columbia shall, as soon thereafter as possible, issue to him a license signed by the president and secretary of said board and attested by the seal of the District of Columbia, which license shall entitle said applicant, after it is registered as hereinafter provided, to practise medicine and surgery in the District of Columbia: *Provided*, That a license shall be issued upon application, free of cost and without examination, to each physician, a graduate of any medical college in good standing, who is registered at the health office of the District of Columbia at the time of the passage of this act: *And provided further*, That a license may be issued, under such regulations as the board of medical supervisors of the District of Columbia, with the approval of the Board of Commissioners of said District, shall make, to any physician holding a license from any State board of medical examiners established by law which has required, before the issue of said license, qualifications and examinations equivalent to those required by this act for the issue of similar license. All licenses issued by said board shall be numbered consecutively, and a register shall be kept by the secretary showing the number of each license, the date of issue, and to whom issued.

SEC. 9. That the board of medical supervisors of the District of Columbia shall make, subject to the approval of the Commissioners of said District, such regulations as may be necessary to determine the qualifications of women desiring hereafter to commence the practice of midwifery in the District of Columbia, and shall issue licenses to such as are, after examination, found qualified; but no fee shall be charged for the examination of any applicant for such licenses, and no applicant who has been rejected shall be re-examined within one year from such rejection: *Provided*, That a license shall be issued upon application, free of cost and without examination, to each midwife registered at the health office of the District of Columbia at the time of the passage of this act.

SEC. 10. That the board of medical supervisors of the District of Columbia may, by a vote of four members, refuse to grant or may revoke a license, or may cause the name of any person to be removed from the record of the supreme court of the District of Columbia and from the register of the health office, for the following causes, to wit: The employment of fraud or deception in passing the examinations provided for in this act, chronic and persistent ineptitude, the practice of criminal abortion, or conviction of crime involving moral turpitude. In complaints under this section the accused shall be furnished with a copy of the complaint and given a hearing before said board in person, or by attorney. Said board shall have

the power to compel the attendance of witnesses by subpœnas. Appeal from the decision of said board may be taken to the Board of Commissioners of the District of Columbia, and its decision shall be final. Said board may at any time within two years from the refusal or revocation of a license, or the cancellation of registration under this section, by a unanimous vote, issue, without examination, a new license to the person so affected, restoring to him all the rights and privileges of which he or she had been deprived by said board.

SEC. 11. That any person receiving a license as hereinbefore provided shall have it recorded in the office of the clerk of the supreme court of the District of Columbia within three months from the date of said license, and the place and date of record shall be certified thereon by said clerk ; and the holder of the license shall pay to the recording clerk a fee of fifty cents for making the record. The holder of said license shall, after the same has been recorded, exhibit the same at the health office and register in a book, provided for that purpose, his or her name and address. Whenever a license is revoked by said board of medical supervisors the secretary thereof shall report that fact in writing to the clerk of said court and to the health officer of the District of Columbia, who shall thereupon cancel such registration.

SEC. 12. That this act shall not apply to commissioned surgeons of the United States Army, Navy, or Marine Hospital Service, nor to regularly licensed physicians and surgeons in actual consultation from other States or Territories, nor to regularly licensed physicians and surgeons actually called from other States or Territories to attend specified cases in the District of Columbia, nor to dentists in the legitimate exercise of their profession, nor to the treatment of any case of actual emergency, nor to the use of ordinary domestic remedies without any fee, gift, or consideration of any kind being given in return therefor.

SEC. 13. That any person shall be regarded as practising medicine and surgery within the meaning of this act who shall append the letters M.D. or M.B. to his or her name, or who shall prescribe, advise, or apply for the use of any person or persons any drug or medicine, or other agency, or who shall perform any operation for the treatment, cure, or relief of any bodily injury, infirmity, or disease, or who shall publicly profess to do any of these things.

SEC. 14. That from and after the passage of this act any person practising medicine and surgery or midwifery in the District of Columbia without first having obtained a license to do so, and registered the same as herein provided, or in violation of any of the provisions of this act, or any of the rules and regulations made by authority conferred herein, or after his license or registration, or

both, has been cancelled by order of the board of medical supervisors of the District of Columbia, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished for each offence by a fine of not less than fifty nor more than five hundred dollars, or by imprisonment in the District jail for a period of not less than ten nor more than ninety days, or both such fine and imprisonment. It shall be the duty of the United States District attorney for the District of Columbia to prosecute all violations of the provisions of this act.

SEC. 15. That the secretary of the board of medical supervisors shall be paid for taking testimony the same fee that is allowed to an examiner in chancery for the same service. The expense of said board and of the examinations shall be paid from the license fees herein provided for; and if any surplus remain on the thirtieth day of June of each year the members of the board of medical supervisors appointed as such shall be paid such reasonable compensation as said board may determine, and any balance then remaining shall be divided among the three boards of medical examiners in proportion to the number of candidates examined, each member of each board of medical examiners to receive such part of the entire amount paid as that board itself shall determine.

SEC. 16. That all acts or parts of acts, general or special, now existing, not in accordance with the provisions of this act, or inconsistent therewith, be, and are hereby, repealed.

54th Congress, }
1st Session. }

S. 325.

IN THE SENATE OF THE UNITED STATES.

December 4, 1895.

Mr. HARRIS (by request) introduced the following bill, which was read twice and referred to the Committee on the District of Columbia.

A BILL

To regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof in the District of Columbia.

Whereas, because of the absence of a law to ascertain the qualifications of individuals desiring to practise medicine and surgery in the District of Columbia, it is made a resort for persons who are excluded from the practice of medicine and surgery in other States by laws in said States requiring evidence of such qualifications: Therefore,

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be, and is

hereby, created a board of medical supervisors of the District of Columbia, which shall consist of the presidents of the three boards of medical examiners hereinafter provided for and two persons, not physicians, holding office under the Government of the United States or of the District of Columbia, to be appointed by the Commissioners of the District of Columbia, each for a period of three years, or until his successor is appointed: *Provided*, That not more than two members of the board of supervisors shall be adherents of any one system of medical practice: *And provided further*, That said Commissioners may remove any member of said board for neglect of duty or other just cause, and that in case of the death, resignation, or removal of any member the vacancy for the unexpired term of said member shall be filled in the same manner as other appointments are made.

SEC. 2. That the said board of medical supervisors shall elect a president, a vice-president, and a secretary. Said board shall make, subject to the approval of the Commissioners of the District of Columbia, such regulations as may be necessary to carry into effect the provisions of this act. Said board shall hold such meetings as may be necessary for the transaction of business. Said board shall supervise all examinations provided for in this act, and shall issue all licenses to practise medicine and surgery or midwifery in the District of Columbia. Said board shall keep an official record of its meetings, also an official register of all applicants for examination for licenses to practise medicine and surgery in the District of Columbia. Said register shall show the name, age, and place and duration of residence of each candidate, the time he or she has spent in medical study, in or out of medical schools, and the names and locations of all medical schools which have granted said applicant any degree or certificate of attendance upon lectures in medicine. Said register shall also show whether said applicant was rejected or licensed under this act. Said register shall be *prima facie* evidence of all matters contained therein. The secretary aforesaid may be elected by said board from others than its own members; said secretary shall also act as treasurer, and shall give such bond as may be required by the Commissioners of the District of Columbia; said secretary shall have the power to administer oaths upon such matters as pertain to the business of said board; said secretary shall mail to the address of each applicant a notice of the time and place of examination, not less than seven days before the examination, and at a longer period if requested by the applicant at the time of making application.

SEC. 3. That from and after the passage of this act all persons desiring to practise medicine and surgery in any of their branches

in the District of Columbia shall apply to said board of medical supervisors for a license to do so. Applicants shall submit to examination upon the following-named branches, to wit: Anatomy, physiology, chemistry, pathology, *materia medica* and therapeutics, hygiene, histology, practice of medicine, surgery, obstetrics and gynecology, diseases of the eye and the ear, medical jurisprudence, and such other branches as said board shall deem advisable. Each applicant shall be certified by said board for examination as speedily as possible to the board of medical examiners whose members are adherents to the system of medicine which said applicant desires to practise; but said board shall not certify for examination any applicant until satisfactory proof is furnished that he is of good moral character and over twenty-one years of age, nor until he has presented a diploma conferring upon him the degree of doctor of medicine, issued by some medical college authorized by law to confer such degree: *Provided*, That said diploma, if issued prior to July first, eighteen hundred and ninety-seven, shall be accompanied by satisfactory evidence that said applicant has studied medicine and surgery for not less than three years prior to the issue thereof, and if issued subsequent to June thirtieth, eighteen hundred and ninety-seven, shall be accompanied by satisfactory evidence that the applicant has studied medicine and surgery for not less than four years prior to the issue of said diploma. All examinations shall be both theoretical and practical and of sufficient severity to test a candidate's fitness to practise medicine and surgery.

SEC. 4. That said application for a license to practise medicine and surgery in the District of Columbia shall be made to the secretary of said board of medical supervisors upon a form prescribed by said board, and shall be accompanied by a fee of twenty dollars. Each application shall be in the hands of said secretary not less than two weeks before the day set for examination, and any application may be rejected for refusal to furnish any of the information called for or for other irregularity. All applications shall be kept on file by said secretary.

SEC. 5. That immediately after the passage of this act the Commissioners of the District of Columbia shall appoint three boards of medical examiners, one to be known as the board of medical examiners of the District of Columbia and to be composed of five physicians in good standing, adherents to the regular system of medical practice; one to be known as the board of homœopathic medical examiners of the District of Columbia, and to be composed of five physicians in good standing, adherents to the homœopathic system of medical practice, to be selected from a list of not less than ten

names, submitted by a majority vote at some regular meeting of the Washington Homeopathic Medical Society, and one to be known as the board of eclectic medical examiners of the District of Columbia, to be composed of five physicians in good standing, adherents to the eclectic system of medical practice, to be selected from a list of not less than ten names, submitted by a majority vote at some regular meeting of the Eclectic Medical Society of the District of Columbia. Of the members of each board first appointed, one shall be appointed to serve one year, two to serve two years, and two to serve three years, and thereafter each member of each board shall be appointed to serve three years, or until his successor is appointed: *Provided*, That no member of said boards shall have engaged in the practice of medicine and surgery in the District of Columbia for less than five years at the time of his appointment: *And provided further*, That in event of the failure of the Washington Homeopathic Medical Society or of the Eclectic Medical Society of the District of Columbia, after fifteen days' notice by the Commissioners of the District of Columbia, to submit the list of names aforesaid, said Commissioners may appoint the members of the board of homeopathic medical examiners, or of the board of eclectic medical examiners, or of both, as the case may be, without restriction as to nomination by the society or societies in default: *And provided further*, That said Commissioners may at any time remove any member of said boards for neglect of duty or other just cause, and that in case of the death, resignation, or removal of any member the vacancy for the unexpired term of said member shall be filled in the same manner as other appointments are made.

SEC. 6. That each member of said boards of medical examiners of the District of Columbia shall, before entering upon the discharge of his duties, take an oath to administer fairly and impartially the provisions of this act. Each board shall elect from its own members a president and a secretary. Each board shall hold a meeting for examination in the city of Washington on the second Thursday in January, April, July, and October of each year, and continuing so long as may be necessary to examine all applicants, and at such other times as the board of medical supervisors shall direct. Each of said boards of medical examiners shall examine at the examination immediately following the receipt of the proper certificates from the board of medical supervisors all applicants for licenses to practise medicine and surgery in the District of Columbia so certified.

SEC. 7. That the several boards of medical examiners shall, not less than one week prior to each examination, submit to the board of medical supervisors of the District of Columbia questions for

thorough examinations in anatomy, physiology, chemistry, pathology, *materia medica* and therapeutics, hygiene, histology, practice of medicine, surgery, obstetrics and gynecology, diseases of the eye and the ear, medical jurisprudence, and such other branches as said board of medical supervisors may direct. From the lists of questions so submitted said board of medical supervisors shall select the questions for each examination, and such questions shall be the same for all candidates, except that in the department of therapeutics, practice of medicine, and *materia medica* the questions shall be in harmony with the system of medicine selected by the candidate. Said examinations shall be conducted orally and in writing, in accordance with the rules and regulations prescribed by the board of medical supervisors, and shall embrace the subjects as stated in section three of this act. An official report of the result of each examination, signed by the president and the secretary and each acting member of the board of medical examiners conducting such examination, stating the examination average of each candidate in each branch, the general average, and the result of the examination, whether successful or unsuccessful, shall be transmitted to the board of medical supervisors within fifteen days from the date of such examination. Said report shall embrace all the examination papers, questions, and answers thereto. All such examination papers shall be kept for reference and inspection for a period of not less than five years.

SEC. 8. That if in the opinion of a majority of the board of medical supervisors, after a careful examination of the report of the board of medical examiners by which any applicant was examined, said applicant has fairly and successfully passed such examination as hereinbefore provided for, the board of medical supervisors of the District of Columbia shall, as soon thereafter as possible, issue to him a license signed by the president and the secretary of said board and attested by the seal of the District of Columbia, which license shall entitle said applicant, after it is registered as hereinafter provided, to practise medicine and surgery in the District of Columbia: *Provided*, That a license shall be issued upon application, free of cost and without examination, to each physician, a graduate of any medical college in good standing, who is registered at the health office of the District of Columbia at the time of the passage of this act: *And provided further*, That a license may be issued, under such regulations as the board of medical supervisors of the District of Columbia, with the approval of the Board of Commissioners of said District, shall make, to any physician holding a license from any State board of medical examiners established by law which has required, before the issue of said license, qualifications and exami-

nations equivalent to those required by this act for the issue of similar licenses. All licenses issued by said board shall be numbered consecutively, and a register shall be kept by the secretary showing the number of each license, the date of issue, and to whom issued.

SEC. 9. That the board of medical supervisors of the District of Columbia shall make, subject to the approval of the Commissioners of said District, such regulations as may be necessary to determine the qualifications of women desiring hereafter to commence the practice of midwifery in the District of Columbia, and shall issue licenses to such as are, after examination, found qualified; but no fee shall be charged for the examination of any applicant for such licenses, and no applicant who has been rejected shall be re-examined within one year from such rejection: *Provided*, That a license shall be issued upon application, free of cost and without examination, to each midwife registered at the health office of the District of Columbia at the time of the passage of this act.

SEC. 10. That the board of medical supervisors of the District of Columbia may, by a vote of four members, refuse to grant or may revoke a license, and may cause the name of any person to be removed from the record of the supreme court of the District of Columbia and from the register of the health office, for any of the following causes, to wit: The employment of fraud or deception in passing the examinations provided for in this act, chronic and persistent inebriety, the practice of criminal abortion, conviction of crime involving moral turpitude, or publicly professing, in such a manner as to deceive the public, to cure or treat diseases, injury, or deformity. In complaints under this section the accused shall be furnished with a copy of the complaint and given a hearing before said board in person or by attorney. Said board shall have the power to compel the attendance of witnesses by subpœnas. Appeal from the decision of said board may be taken to the Board of Commissioners of the District of Columbia, and its decision shall be final. Said board may at any time within two years from the refusal or revocation of a license, or the cancellation of registration under this section, by a unanimous vote, issue, without examination, a new license to the person so affected, restoring to him all the rights and privileges of which he or she had been deprived by said board.

SEC. 11. That any person receiving a license as hereinbefore provided shall have it recorded in the office of the clerk of the supreme court of the District of Columbia within three months from the date of said license, and the place and date of record shall be certified thereon by said clerk; and the holder of the license shall pay to the recording clerk a fee of fifty cents for making the record. The

holder of said license shall, after the same has been recorded, exhibit the same at the health office and register, in a book provided for that purpose, his or her name and address. Whenever a license is revoked by said board of medical supervisors the secretary thereof shall report that fact in writing to the clerk of said court and to the health officer of the District of Columbia, who shall thereupon cancel such registration.

SEC. 12. That this act shall not apply to commissioned surgeons of the United States Army, Navy, or Marine Hospital Service, nor to regularly licensed physicians and surgeons in actual consultation from other States or Territories, nor to regularly licensed physicians and surgeons actually called from other States or Territories to attend specified cases in the District of Columbia, nor to dentists in the legitimate exercise of their profession, nor to the treatment of any case of actual emergency, nor to the use of ordinary domestic remedies without any fee, gift, or consideration of any kind being given in return therefor.

SEC. 13. That any person shall be regarded as practising medicine and surgery within the meaning of this act who shall append the letters M.D. or M.B. to his or her name, or who shall prescribe, advise, or apply for the use of any person or persons any drug or medicine or other agency, or who shall perform any operation for the treatment, cure, or relief of any bodily injury, infirmity, or disease, or who shall publicly profess to do any of those things.

SEC. 14. That from and after the passage of this act any person practising medicine and surgery or midwifery in the District of Columbia, without first having obtained from the board of medical supervisors of the District of Columbia a license to do so and registered the same as herein provided, or in violation of any of the provisions of this act or any of the rules and regulations made by authority conferred herein, or after his license or registration, or both, has been cancelled by order of said board of medical supervisors of the District of Columbia, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be punished for each offence by a fine of not less than fifty nor more than five hundred dollars, or by imprisonment in the District jail for a period of not less than ten nor more than ninety days, or by both such fine and imprisonment. It shall be the duty of the United States district attorney for the District of Columbia to prosecute all violations of the provisions of this act.

SEC. 15. That the secretary of the board of medical supervisors shall be paid for taking testimony the same fee that is allowed to an examiner in chancery for the same service. The expense of said

board and of the examinations shall be paid from the license fees herein provided for; and if any surplus remain on the thirtieth day of June of each year the members of the board of medical supervisors appointed as such shall be paid such reasonable compensation as said board may determine, and any balance then remaining shall be divided among the three boards of medical examiners in proportion to the number of candidates examined, each member of each board of medical examiners to receive such part of the entire amount paid as that board itself shall determine.

SEC. 16. That all acts or parts of acts, general or special, now existing, not in accordance with the provisions of this act, or inconsistent therewith, be, and are hereby, repealed.

THE YEAR 1896 : AN EPOCH IN THE HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

[Delivered December 16, 1896.]

GENTLEMEN : The events that have occurred during the year are of such signal and lasting importance as to constitute an epoch in the history of this Society and of the profession in this District. It is, therefore, my duty, as it will be my pleasure, to chronicle and arrange the facts that add such unusual interest to the transactions of a single year, with the hope that they may mark the beginning of a new era in the history of scientific medicine at the capital of the nation.

After years of continuous but unsuccessful efforts, Congress has enacted a law "to regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof in the District of Columbia." Mark the significance of the words, "to punish persons violating the provisions thereof." The law may not be as full and complete in its protective and prohibitory provisions as some of us would desire, but it offers the profession and community protection from the continuous annual influx of charlatans and mercenary impostors to which this city has become exposed because of proscriptive legislation in forty-seven States and Territories of the country. This beneficent result cannot, however, be immediately accomplished, because the former lax administration of loose regulations has permitted the registration of some eminently qualified in the art of charlatany and fraud, whose vested rights cannot be alienated by *ex post facto* legislation, but must abide the issue of longevity and the judicious regulation of their unscrupulous and venal

methods. I will not trench upon the privileges and prerogatives of the Board of Medical Supervisors by any attempt to interpret or define certain special provisions of the law, but I am confident that a fair, impartial, and vigorous execution of such provisions, of which I have no doubt, will so restrict the methods of this objectionable class that we may reasonably hope for satisfactory results.

A second and not less important object of the law seeks the elevation of the standard of scientific education and professional qualification—a standard attainable only by the graduates of the highest grade of medical schools. Nothing less will be satisfactory to the advanced methods of teaching along the lines of scientific and clinical research. Nothing less should satisfy the demand of an intelligent community for the highest skill in preventive and practical medicine, and nothing else will so effectively diminish the prevalence and lessen the pecuniary success of quackery in the management and treatment of disease.

The examination by the Board of Examiners under the supervision of the Board of Supervisors will compel medical colleges to establish a higher standard for graduation. Complete equipment in knowledge, clinical experience, and training of successful applicants for registration will, *ipso facto*, conduce to the greater skill and proficiency of beginners in the practice of medicine. As a natural consequence, practitioners of standing and reputation must keep abreast with the progress of scientific medicine or flag in competition with their more skilful and better-educated juniors. Many, perhaps most people, will seek those surgeons and physicians who offer best results with the least suffering. Brilliant success attaches only to phenomenal skill, and the time is, perhaps, not very remote when success will be the measure of qualification and attainments. This law will hasten the coming of such a desirable result.

Controversies will arise and judicial construction will be invoked. The law contemplates important reformations,

which can only be accomplished by unremitting and courageous fidelity to the duties and obligations we have voluntarily imposed upon ourselves and our successors. We must popularize its mandatory and reformatory provisions by united and active support of the Boards of Examiners and Supervisors in their efforts to administer the trust confided to their judgment and discretion.

It would be out of place here and a fruitless waste of time to narrate to you the embarrassments, perplexities, and meddlesome outside interferences which beset the Committee on Legislation¹ of this and of the Washington Homœopathic Medical Society, to whose conjoint effort and harmonious co-operation we are indebted for the enactment of the law. Suffice it to say that from the date of the introduction of the bill agreed upon by the two committees, into the two houses of Congress, it was necessary to watch and follow it with intrepid vigilance through every stage of its progress until it was approved by the President. In fact, it practically passed both houses of Congress three times before it reached the final act of approval by the President, and could not be again interpolated through the mistaken zeal of some unknown but sinister instigator. Through the active co-operation and efforts of Senator J. H. Gallinger and the Hon. Joseph W. Babcock, it finally became a law in the form agreed upon by the two houses of Congress. To these distinguished gentlemen this Society is indebted for the enactment of this and other not less important laws.

The "Act to provide for the incorporation and regulation of medical colleges in the District of Columbia," which orig-

¹ Committee of the Medical Society of the District of Columbia: Drs. Samuel C. Busey, W. W. Johnston, C. H. A. Kleinschmidt, Z. T. Sowers, George L. Magruder, George W. Cook, J. S. McLain, Charles G. Stone, and W. C. Woodward.

Committee of the Washington Homœopathic Medical Society: Drs. J. B. Gregg Custis, W. R. King, J. B. Swormstedt, W. F. Corey, and F. A. Gardner.

inated with the Washington Homeopathic Medical Society, was accepted by your committee as a measure adding force to, and promoting, the reforms contemplated by the Medical Practice Act. The necessity and wisdom of its enactment were so apparent that it met with but feeble opposition, which consisted of some vehement declamation in defence of one or more institutions claiming charters under the general incorporation law, one of which was without a habitation, combined all the chairs of a university in the person of one professor, and confessed to two matriculates and one graduate. But, whatever may be the status of the institutions caught in "durance vile," the law will effectually prohibit the future establishment of medical schools without proper and adequate equipment to teach medicine at least according to some one of the systems legally recognized in this District. The law may not be as comprehensive in its requirements as the adherents of the system of scientific medicine to which this Society belongs would formulate, yet it is an important advance in the policy of legal control and regulation of medical schools in this District, and will prevent the multiplication of the class of bogus medical schools which have turned loose upon a credulous public so many ignorant frauds and venal charlatans. It is the beginning of the end of mills that grind out diplomas at so much per square inch of parchment.

The third of the series of statutory reforms, entitled "An act relating to the testimony of physicians in the courts of the District of Columbia," is not less important than either of the acts previously referred to, and is more distinctly significant of the power and influence of a united profession than either of them. The bill originated with Dr. Z. T. Sowers, at whose suggestion I presented it to this Society at the meeting held March 2, 1892, but it was not presented to either house of Congress until December, 1895, and then by Senator Justin S. Morrill in the Senate, and Hon. Joseph W. Babcock in the House. The opposition of the Justices of the Supreme Court of the District of Columbia was so formidable, it seemed,

for a time, impossible to secure favorable reports from the Committees on the District of Columbia of the houses of Congress, but finally, due mainly to the assiduous and vigilant efforts of several members of your Committee on Legislation, reports were made by both committees with the unanimous recommendation of its passage, which was done without dissent in either branch of Congress. I regret to add that it became a law by constitutional limitation, without the approval of the President.

This law has for its object the extension to the citizens of this District of the liberty of privileged communications and their protection in the enjoyment of the rights of unreserved and confidential confession to physicians, and is similar, in import and effect, to laws in force in twenty States and one Territory of this country, and not unlike, though far less comprehensive than, the law of France. It is not, therefore, a new principle of law, but the extension of a principle, the utility and justice of which seem to be established by twenty and more years of experience in several States in which such statutes have been in force.

It adds the force and fiat of law to the decree of the medical profession, which has always and everywhere throughout the civilized world resisted the compulsory disclosure in open court of information "acquired in attending a patient in a professional capacity and which was necessary to enable the physician to act in such capacity." The inviolability of the confidences of the sick-room is the most sacred precept of professional life. It has come to us through the ages past as an unbroken rule of conduct, and all codes of medical ethics have stigmatized with dishonor the voluntary disclosure of such confidences. It is not, then, surprising that we should felicitate ourselves in this hour of our triumph, vindication of the honor of our profession, and legalization of the confidential relation of the profession with the people at large, in whose interest and for whose protection this statute has been enacted. It is the assertion of one of the highest prerogatives of the medical profession and the reassurance of its fidelity to

the sacred obligation of inviolability of professional confidence.

At the meeting held January 22, 1896, this Society adopted a series of propositions relating to the sanitation of this city, setting forth the necessity of extension and purification of the water-supply, extension and completion of a system of foul water and sewage disposal, and compulsory connection of habitable and inhabited houses with such systems of water-supply and sewerage. At the same time it charged the Committee on Legislation with the duty of presenting these propositions to Congress and urging the necessary legislation. Of these propositions, one has become a law, and the one that most directly challenges the prejudice and antagonism of the unfortunate, poorer, and unhygienic classes of the population, and the only one that charges its cost upon the lot-holders, and holds the owner responsible for its execution. As a purely sanitary measure the compulsory connection of habitable and inhabited houses with the systems of water-supply and sewers is, perhaps, most important in promoting the hygiene of person and dwelling, and in the prevention of soil pollution, because of the consequent abolishment of privy boxes, cesspools, and other makeshifts for the collection of human excreta. We also have reason to believe that the facts and arguments presented to the respective Congressional committees carried sufficient weight to secure fair appropriations, and have thus enabled the Commissioners to provide for the extension of suburban sewers, and supply the residents of Brightwood and Takoma with Potomac water. Surely, then, notwithstanding the failure of our effort in the aggregate, we have reason to congratulate ourselves and the people of the city upon the prospective improvement in the sanitation of the city and health of its residents. But our duty to the public will not be fully discharged until such additional legislation is secured as will complete the systems of pure water-supply, and for the ultimate disposal of sewage.

I will not disguise the pride I take in adding these enact-

ments to the record of reforms inaugurated during my incumbency of the Presidency of this Society, nor conceal the pleasure it gives me to realize the fulfilment, though incomplete, of our duty in conservation of the health, well-being, and happiness of this people. Much remains to be done. The education of the general public in sanitation is a slow and tedious process, but the profession must continue to lead and direct popular opinion in all matters pertaining to the knowledge and advancement of sanitary science and preventive medicine.

So much for the legislative reforms. The history of this epochal year will, however, be incomplete without special reference to the resumption of the systematic publication of the transactions of the Society. This publication contemplates the record in a permanent form, accessible to our successors and to the profession at large, of the scientific work of its members, and, thereby, the elevation of the standing and the establishment of the reputation of the Society upon the highest plane of scientific and clinical medicine. I have, on a former occasion, expressed the opinion that the work of the members of this Society will compare favorably with that of any medical organization in this country. I am assured now that it will attain and maintain the position to which it is entitled, which will redound to the honor of its membership.

The present plan and arrangement may be incomplete in some of its details, but it will contribute to the permanent establishment and enlarged usefulness of a local medical journal in some measure under the control of committee of editors—a desideratum second only in importance to the permanent preservation of the transactions of the Society, and alike contributory to the fulfilment of the charter declaration to promote and disseminate medical and surgical knowledge. Mark you the significance of the provision of the charter that authorizes and directs the body corporate “to alien, sell, transfer, or lease” any property or securities acquired by “gift, bargain, sale, or demise” and apply the proceeds

thereof to such purposes as it may judge most conducive to the "promoting and disseminating medical and surgical knowledge, and for no other purpose whatsoever."

The repealing section of the Medical Practice Act eliminates from the charter every franchise of object and purpose except the duty of "promoting and disseminating medical and surgical knowledge" in such manner as the Society "may adjudge most conducive." The scheme and plan of publication adopted, if not adequate to the complete discharge of such duty, is an effort in that direction which can be perfected as experience may indicate its defects and insufficiencies. It may not be the only method, but it is one that will disseminate medical and surgical knowledge. For many years this Society has restricted its scientific work to such consideration within closed doors. Now it has emphasized the beginning of a new era by the extension of its advantages to others than those who may regularly attend its weekly meetings. Every practitioner of medicine must know that the present progress of scientific medicine throughout the civilized world is due mainly to the widespread dissemination of discovery and knowledge through the mediums of medical journals and medical society publications; and it is equally true that every such publication has, in some measure, contributed to the diffusion of useful knowledge. It must, then, follow that this Society can only and completely discharge its duty to the profession at large and to mankind in general by the record and publication of its scientific work. The clinical demonstration of the value and utility of a discovery is not less important than the discovery. The multiplications of clinical results obtained by different investigators in separate localities, regions, and countries is the only crucial and conclusive test of the value, utility, and application of new facts, improved methods, and progress. If the transactions of the Society were limited to original thought and investigation and discovery, research would continue without verification, and recorded clinical observation and experience, and experimental attesta-

tion, would be eliminated from the educational facilities of organized effort. In 1889 a physician published the unsuccessful results of experimental sponge grafting in the orbit of a rabbit. In 1896 a member of this Society presented the history and partially successful result of experimental sponge grafting in the human orbit. The conception was original with each experimenter, the latter not knowing of the failure of the first. Without publication of the failure of one and success of the other, either result might have been accepted as final; but with all the facts and data open to all, the priority of failure or success will be determined by the clinical observation and experience of careful, painstaking, and competent observers who may have preceded or will follow in the same line of investigation. Such is the rule and conduct of medical workers to discover facts or to co-ordinate them into laws. Facts in medical science and practice can only be established by concurrent investigation, observation, and verification by competent experts. Specialism in medicine owes its marvellous progress and popularity to concentration of effort and systematic publication. General practice owes its decadence to desultory diffuseness of thought, waste of opportunity, and complaisant disregard of progressive methods. The attempt now being made to build upon the ruins of its decay the specialism of internal medicine cannot find a region of the human body that has not been invaded by an aggressive if not a rapacious specialism.

Medical society organization and consideration, with its conflict of judgment and experience, is an active and effective instrumentality in the correction of mistake, fallacy, misconception, and misapplication. All these averments lead up to and emphasize the postulate that the systematic record and publication of the scientific work of a medical society is an imperative duty to itself and to the profession at large, and a potential auxiliary to the acquisition, promotion, and dissemination of medical and surgical knowledge. Then, let it be our pride, as it is our duty, to make our transactions such a

repository of scientific and clinical knowledge as will reflect honor and distinction upon its membership.

In evidence and vindication of the leadership of this Society in the promotion of sanitary reforms, I invite your attention to an important movement, which originated with this Society, now attracting the active efforts and co-operation of other organizations, high officials, and many private citizens.

In the valuable report of your Committee on Public Health, submitted on January 23, 1896, and given to the public through the local press, and Health Reports of March 6, 1896, the committee sets forth the necessity of reclamation of the Anacostia River flats, accompanied with the testimony collected from every available source of information, conclusive in support of its contention that the continued and increasing prevalence of malarial diseases, especially in the eastern part of the city, at the Marine Barracks, Navy Yard, St. Elizabeth's Insane Asylum, and throughout that portion of the District in suburban proximity thereto, found its cause in the emanations from the marshes and swamps, with their annually increasing accumulation of sewage, along the course of this river.

At a meeting of the Washington Board of Trade held February 25, 1896, the following preamble and resolution, reported by its Committee on Public Health, were unanimously adopted :

WHEREAS the enormous and constantly increasing area of marsh along the eastern border of the city is a constant menace to the health of the residents of the eastern section of the city, and especially so to the inmates of the almshouse and hospital, St. Elizabeth's Asylum, and Army and Navy forces, officials and employés, at the Marine Barracks and Navy Yard: therefore,

Be it resolved, That the reclamation of these marshes is imperatively demanded, and should be accomplished without unnecessary delay.

This recommendation is renewed and emphasized in the last annual report (November 9, 1896) of the same committee, now pending before the Board of Trade. The prospect of its

accomplishment has been greatly enhanced by the recent concerted co-operation of high officials, military medical corps, and many public-spirited citizens.

These circumstances are cited to add additional data to the train of indisputable facts in the history of medicine going to show that the progress of sanitary science and reforms, here as elsewhere, throughout all times past, is due exclusively to the profession, which is the only occupation or employment of mankind that has filled the measure of its philanthropy with efforts to limit its emolument to such only as may be derived from the unavoidable ailments "to which flesh is heir," and here, as everywhere, has been confronted at every stage of progress by vicious incredulity, inhumanity that has made "countless thousands mourn," parsimony and cupidity.

This Society is not concerned in the selection of a site for a Hospital for Contagious Diseases, but it is profoundly impressed with the need of such an institution, and has, by a unanimous vote, declared its establishment to be an imperative necessity. It would be recreant to the ordinary dictates of humanity to stand idly by whilst the daily press is teeming with the details of cruel neglect that exposes every susceptible person to the contagion of preventable diseases, because there is no institution in which the victims can be properly isolated and receive medical treatment, but sick, destitute, and exhausted with disease, must walk the streets, diffusing broadcast the poison of loathsome diseases, in search of that relief which is denied by a civilized and Christian community.

The records of the Health Office show there were in this city, between the first of November and December 13th, one hundred and sixty-four dwellings and four institutions invaded by diphtheria, and twenty-five by scarlet fever. In other words, there were 189 private pest-houses in this city during the brief period of forty-three days, each one of which was a focus for the dissemination of the poisons, more dangerous than a properly constructed and managed contagious disease hospital, because of the more complete isolation of the

victims, quarantine of the necessary attendants, and disinfection than can be secured in any private dwelling by any system of requirements as yet devised. It does not appear that any owner of real estate or speculator in future values has suggested a depreciation of the commercial value of any one of these one hundred and eighty-nine private contagious disease hospitals, or of any private dwellings in proximity.

To this simple statement of a fact let me add another, perhaps more conclusive in evidence of the immediate and imperative necessity of such an institution. Some persons, especially among the poor and working class, who depend upon their daily earnings for a meagre livelihood, conceal the presence of these diseases, sometimes until the death of the patient exposes its existence, because of the necessary quarantine regulations, which warn visitors and employers of the danger. These people associate with domestics, go about from house to house to do odd chores, take in washing, and engage in a great variety of menial employments to earn a scanty mess of victuals, and thus convey the poison of the diseases from their squalid pest-houses to the habitations of their almoners. All this because there is no institution to which to remove and isolate the victims of these preventable diseases, that the infected tenements may be disinfected and the hungry occupants released from quarantine.

If these facts, susceptible of daily practical demonstration, are not sufficient, then I know not what will arouse a civilized and Christian community to the full realization of the danger and inhumanity of its insensate fears pertaining to the location, which have so long delayed the establishment of the institution.

The record of this epoch year sets forth with unmistakable significance the power and force of a united profession, and emphasizes its unquestionable right to assert itself in all matters pertaining to the elevation and advancement of a beneficent and life-saving science, and to the promotion of the welfare, health, and longevity of the people. Through all

times and among all civilized peoples the profession of medicine has taken the lead in all such reforms, and whenever and wherever it has asserted the force and activity of united action, success has crowned its efforts. Ghouls, harpies, vampires, inane critics, and malevolent satirists have feasted upon the credulity of the ignorant in futile and venal struggles to obstruct and throttle progress. But Scientific Medicine—the handmaid of Religion and the benefactor of the human race—has steadily advanced along the path that leads to its high goal, neither swayed by the formalities of society nor dismayed by the convulsions of popular sentiment, and now commands the respect and homage of the civilized world. Rancor, jealousy, and dissension have, in times past, so completely dissipated effort and influence that the profession as a body well-nigh, for the time being, slunk into an occupation for individual gain and emolument and personal aggrandizement, inciting ridicule, popular prejudice, and wide-spread skepticism. Happily, a new era dawned in the universal demand for a higher standard of education and qualification, and more general and vigorous enforcement of the precepts of a conscientious and qualified discharge of the duties and responsibilities of a beneficent and life-saving science.

Scientific medicine must fail in its mission of humanity and beneficence in so far as it falls short of asserting the inalienable right to lead, direct, control, and dominate popular ignorance, prejudice, and cupidity, to the end that legislators and all others in authority must come to know its force and power in all things pertaining to the advancement of sanitary science and preventive medicine. The art of healing cannot be dissociated from the science of prevention. The eradication of preventable disease is the highest aim of medical and biological science, and to that end research must go on, untrammelled by authority and free from the restraints of malevolent skepticism.

Preventive medicine is unattended with suffering, has no mortality, and, consequently, no funeral corteges, no ceme-

teries decorated with memorials of the *untimely* dead, no grave-diggers to house and haunt the innocent dead until doomsday, no desolated homes to revive the memory and intensify the sorrow of avoidable affliction. If death must come, and come it surely will, let it come through waste, decay, and age, and not to the innocent in token of that neglect and inhumanity from which science offers escape through medical and biological investigation and experimentation.

Philanthropy is not the only aim of experimental research. The discoveries of the Bureau of Animal Industry, in the diagnosis, prevention, and cure of the diseases of food and other animals, have added millions to the value of stock-raising and commercial interests, in some States saving such industries from partial, if not total, destruction. The farming interests are not less concerned in such experimentation than the sick man and the stricken child. Every barnyard and pasture field, and every farm-house throughout the land, have reaped, in some measure, the beneficent results of such research.

The education and betterment of the people at large in sanitation is not less humane than the healing of the sick. During the past three years this Society has made creditable progress in this department of medical polity, in that it has asserted its right, privilege, and duty to seek and promote such legislation as would conduce to the advancement of scientific medicine and to the welfare of this community; and now, in the closing hour of this session, it has the proud satisfaction of summing up the results of its efforts to widen the scope of its activities in the interest of and for the good of the people.

THE DUTY OF PHYSICIANS TO THE PROFESSION AND THEIR RELATION TO THE MEDICAL CHARITIES OF THE DISTRICT OF COLUMBIA.

[Delivered December 15, 1897.]

THE relation of the profession to the Medical Charities of the District of Columbia is a problem which should command our earnest and thoughtful consideration. To stand idly by and leave its solution to those less fitted by lack of expert knowledge and intelligent experience might prove detrimental to the best interests of medical science; injurious to the profession as a body of skilled and practical philanthropists; derogatory to the character and dignity of a beneficent and life-saving profession, and destructive of its influence and leadership in all matters pertaining to health and sanitation. There are other considerations involving the business aspects of the profession which add the force of self-protection and self-interest to public duty.

In many of the larger cities in this and other countries, as in this city, the unsettled issues are being agitated and discussed by the profession and other good and discreet citizens upon the basis of the following allegations, to wit:

1. Waste of funds appropriated and donated for the exclusive benefit of the indigent sick poor.
2. Abuse of Medical Charities, especially of the dispensaries by some affluent and many more well-to-do people.
3. Lax and negligent discharge of duties by medical officers in charge of such institutions.
4. Progressive diminution of the emoluments of the profession.

5. Continuously increasing struggle for subsistence by beginners, young practitioners, and many of the rank and file in the prime of life.

These allegations are too grave and far-reaching to be dismissed as unworthy of the consideration of the profession most directly and intimately concerned in their proper and satisfactory solution. In view of the fact that a joint committee of the two Houses of Congress is engaged in the investigation of the subject so far as it relates to the Medical Charities in the city, and much testimony of record refers directly to the conduct of the profession, it is compelled, willing or not, to assume an advisory, if not a defensive, attitude. No class of citizens can be better qualified to contribute to the solution and settlement of the questions growing out of the alleged abuses of Medical Charities, and certainly none other can be so directly concerned in the alleged maladministration of medical officers and depreciation of the value of skilled and conscientious medical service.

The consensus of medical opinion in this and other cities where the subject matter has been investigated, the everyday life of many physicians in this city, and much testimony of record of the hearings of the joint committee of Congress (Senate Document 185, 1st Session, 55th Congress) conclusively establish the allegations of waste, maladministration, deception, and imposition. It cannot be true that the medical officers are wholly to blame, for there are many mitigating circumstances attributable to the management as formulated by the governing boards ; to the wilful deception of mendacious mendicants ; to the rivalries of institutions to show by numbers of patients the large field of their usefulness and need of munificent beneficence ; and to the eager, if not conscientious, efforts of the officers in charge to commend their services to the management and to the public at large ; but, more than all, to the lack of that confraternity which should unite the profession as a body in support of right and condemnation of wrong, and to the tolerance of the loose

and irregular methods of the few, which incite discontent and unworthy rivalries, from which there is no protection except through the enforcement of the ethics of a high *esprit de corps*. The abuse and maladministration of Medical Charities are not the only causes, perhaps not the most potential agencies in the diminution of professional emolument. The highest aims and aspirations of medical science are the eradication of disease, lessening of suffering, reduction of mortality, and increase of the average life of mankind. The progress in pathology, therapeutics, preventive medicine, and sanitation has advanced beyond reasonable expectation, and the results are so distinctly along the line of ultimate success that one cannot dismiss the belief that greater achievements wait the progress of scientific investigation and experimental research. With such progress the business aspects of the medical profession must lessen, but there will always be enough of "the ills to which flesh is heir" to furnish employment and yield adequate remuneration to those best qualified to discharge the duties of the physician. With lessening rates of morbidity and mortality and increasing average longevity, the population must increase and the unavoidable ailments of life will increase in ratio comparable to increase of population, but with the progress of scientific medicine the unavoidable ailments will be robbed of intensity of form and malignancy of type, and the problem of beneficence will find its solution in the attenuation of emolument. Every advance in the methods of amelioration, prevention, and cure of diseases will affect income inversely with the widening scope of that beneficence which the science of medicine seeks to promote in the accomplishment of its highest aim.

The progress of medical science is only one and the most benign of the causes of the diminution of emolument. There are many other causes which refer directly to professional conduct and individual inaptitude, and to tolerance of loose and improper methods, which attenuate the bonds of mutual obligation and respect, in derogation of a high *esprit*

de corps. No organization or class of persons make more stringent rules and regulations for the government and guidance of its membership and pay less attention to their enforcement than the medical profession. But looseness and irregularity of method and ways are not limited to ethical and fraternal obligations. They extend to the business aspects of the profession and have become so wide-spread that the practice of medicine has ceased to be a money-making pursuit. With increasing income comes larger and more wasteful expenditure. The heyday of active and profitable life takes no account of the tedium of life that comes with the infirmities of age and declining life. *Dum vivimus vivamus* is the shibboleth inscribed upon the banner of those few favored with opulent incomes. Among the many business efforts and ways are so irregular and spasmodic, without any method, system, or rule by which any bookkeeper could prepare a satisfactory statement of earnings, credits, and debits, that when pressing need comes, memory is invoked to adjust accounts, that failing, guessing is resorted to, and both failing, credit or borrowing is sought, which always burdens the sorrows of open purse-strings and thriftless business habits. The few who may have inherited a bank account resort to the check-book, and thus liquidate their expense accounts, while the indebtedness of many well-to-do clients, who have more than once solicited their bills, remains unsettled.

Out of such faulty methods and derelictions have grown the classes of predatory mendicants, known as "dead-heads" and "dead-beats," which play a conspicuous rôle in the clientele of medical practice. No one with income sufficient to defray the ordinary expenses of a frugal life is an object of charity. The "dead-head" is usually the claimant of special exemption, concealed under falsehood and deception, and the "dead-beat" is a brazen impostor, who pays his debts with promises and change of venue. Each is usually amply supplied with means to gratify the indulgences of high-toned vice and play the part of a social leader, which appeals with

such force to the credulous doctor that he is not less easily caught than retained in employment, until a more gullible rival solicits and accepts the coveted favor of such distinguished consideration. There may be spontaneous generations of "dead-heads" and "dead-beats," but the medical species is the product of professional conception. There is no reason why a man, woman, or family in receipt of an income far above the earnings of many successful physicians should claim and receive gratuitous medical service, and the time has come when the profession should limit such service to the "performance of good offices." Poverty, professional brotherhood, and certain public duties relating to medical police, public hygiene, legal medicine, the prevention of epidemic and contagious diseases, quarantine regulations, and care and management of public hospitals and asylums, "will always be recognized as presenting valid claims for gratuitous service," and "such services will always be cheerfully and freely accorded."

The regulations and code of ethics concede the right of every practitioner of medicine to diminish the standard of fees "from motives of charity and benevolence," but enjoin upon him the duty of graduating the diminution to the ability of the debtor to make compensation, leaving the adjustment to the wisdom and discretion of the creditor. Herein lies the source of many mistakes. Discretion is not always coexistent with good judgment. The honest delinquent debtor, with moderate income, though willing, is not always able to make just and fair compensation. Many honest people pay small bills promptly and default on large ones. The larger the bill, so much less his ability to pay, because of increased incidental expenses. In such cases prompt adjustment and settlement should be the rule of conduct, so that the ledger will show annually a closed account. The carrying of unpaid balances over from year to year adds discontent and mortification to the burden of debt, and, finally, leads to the rupture of professional relations and loss of income which another adds to his earnings.

The unauthorized repetition and duplication of prescriptions is a growing and inexcusable evil, fraught with danger to health and life. The numerous victims to this reprehensible custom bear testimony to the incorrectness of the claim that such repetitions are the right of the vender. To Deputy Coroner Glazebrook is due the credit of inaugurating an investigation which will bring the practice to judicial consideration, that its limits may be defined and wrong-doing may be punished. But the evil might have been suppressed long ago if physicians had exercised, in the language of the code of ethics, "their option in regard to the shops to which their prescriptions should be sent." When any organized body of reputable physicians shall issue and enforce its mandate that patronage will cease with continuance of the practice, the evil will cease.

To such loose and baneful practices must be added the more widely spread abuse of proprietary pharmacy, for which the profession is wholly responsible. The employment of such preparations in the treatment of disease is, practically, the transfer of the science and application of therapeutic remedies from the sick-room to the manufactory and retail drug shop, which has done more to popularize the crude methods of domestic medicine than all other contributing causes combined, to the detriment of scientific therapeutics, injury of health, sacrifice of life, and attenuation of income. Without the endorsement which physicians voluntarily give, by directing and encouraging the use of such preparations, the composition of which is only known to the proprietor, the popular mind would revolt at the prevalence of that form of suicidal mania which finds one or more victims in nearly every household. The use and prescription of proprietary drugs and chemicals add the weight of the professional standing of one so doing to the popularity of the nostrum, and the pharmacist, more concerned in the profit of the sale than in the cure of the patient, is quick to cite such endorsement in evidence of its curative properties. One who cannot or fails to

formulate his judgment and accepts the memorized harangue of the medicine drummer fiend lowers himself to the level of the prescriber across the counter, who is engaged in a business for the profits, but does not assume the responsibility of scientific and skilled treatment of disease.

It is the custom of some physicians to prescribe the samples left at their houses without removal of the labels, and the patients who may or think they have derived benefit from their use, when taken sick buy their medicines by the sample labels, and recommend the same to their unfortunate friends ; and retail druggists make the statement that the day succeeding the raid of the drummer their supplies of the preparation are quickly exhausted in filling the orders of reputable physicians. While such empirical methods are practised by some and tolerated by many, upon what plea can the profession justify the complaint that the abuses of Medical Charities are the exclusive or even the most prevalent agency in the diminution of emolument ?

The physician who rides all day long with his wallet filled with proprietary drugs or who makes his prescriptions from the same repertory is no less the agent of the millionaire proprietor than the drummer hired to prattle its virtues into the ears of credulous doctors. If every practitioner of medicine in the country could be induced to prescribe a single unbroken package of any proprietary drug or food for every patient seen during the day, so large would be the profits of the manufacturer another would be added to the class of millionaire quack-medicine and patent-food proprietors. It must be apparent to every one that a drug or food that needs the annual expenditure of hundreds of thousands of dollars in advertisement to keep it in the market must be a fraud ; and it is equally clear that the physician who adds the weight of his authority to promote the use and consumption of such products is guilty of connivance in fraud. The daily mails bring to every physician the advertising bulletins of proprietary pharmacists filled with the certificates of physicians set-

ting forth the wonderful virtue of some special compound, mixture, tablet, or pill, each of which is extolled as a panacea for diseases having no etiological or pathological relation to each other, and the credulous doctor goes forth on his daily rounds enthused with the single idea that he has at last discovered a remedy with which he can drug, dose, or feed every patient, and, when the day's work has been finished, congratulates himself with the accomplishment of the highest aim of a beneficent science. Fortunately, many recover in spite of such loose, irregular, and unscientific procedures. The *vis medicatrix naturæ* vindicates his methods, and the fortunate patient sings pæans in praise of his skill. Proprietary pharmacy is the most pretentious of the artful devices of empiricism.

The foregoing considerations lead up to the conclusion that efforts to purify the administration of Medical Charities must comprehend a broader conception of duty and obligation than the abatement of the abuses of eleemosynary services. To that end attention has been invited to some more or less current faulty methods and derelictions which can only find their solution and satisfactory adjustment in a closer adherence to the precepts of the code of ethics, in which the duties of physicians to their patients, and obligations of patients to their physicians, the duties of physicians to each other and to the profession at large, the duties of the profession to the public, and the obligations of the public to the profession are so clearly set forth that no reputable physician will find justification for acts derogatory to the honor, dignity, and obligations of a beneficent profession.

The code of ethics enjoins upon physicians the duty of giving "counsel to the public in relation to matters especially appertaining to their profession," and declares it to be "their province to enlighten the public in regard" to the location, arrangement, and management of hospitals and other public Medical Charities. In pursuance of these obligations the Medical Association of the District of Columbia, the largest representative body of the profession in this city, at its semi-

annual meeting in October, 1896, inaugurated an investigation into the alleged abuses of Medical Charities in this city, which investigation resulted in the unanimous adoption of the following amendments to its constitution, which are binding upon every member of the Association. At a meeting held November 9, 1897, it declared its purpose to enforce the obedience of its members to these constitutional provisions.

RECOMMENDATIONS ADOPTED BY THE MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA, FEBRUARY
16, 1897, AND ADOPTED AS AMENDMENTS TO
THE CONSTITUTION, MAY 16, 1897.

- I. That every institution for medical charity shall require, from every applicant for relief in a hospital or dispensary, a written certificate, to be obtained as hereinafter provided. Emergency cases are to be excepted from this rule.
- II. That such certificate be obtained from Physicians to the Poor, the Board of Associated Charities, and any registered physicians.
- III. That cases of sick and injured persons found upon the streets, in the stations, or elsewhere, who require immediate treatment shall be carried to the Emergency Hospital, or the nearest hospital having an emergency service, or to their homes, if so directed by the patient or his friends.
- IV. That emergency patients shall not be detained longer in such institutions than the necessity of the case imperatively demands, but shall be discharged from the service and sent to their homes or to some public hospital, as the patient may elect.
- V. The members of the Association shall be entitled to the privilege of attending private patients occupying private rooms in any of the public hospitals of this city.
- VI. That in future the members of the Medical Staff of hospitals when attending medical or surgical cases in private pay-rooms shall insist upon proper payment for their services

except in the cases of such patients who are clearly unable to pay for same.

VII. That whenever the Medical Staff or a majority thereof of a hospital or dispensary resigns, and when, after due hearing, this Association finds that the resignations were for just and sufficient cause, it shall be forbidden for any member of this Association to accept a position on the Staff of said hospital or dispensary.

VIII. That whenever one or more members of a Medical Staff of a hospital or dispensary are dismissed, and when, after due investigation, this Association finds that such dismissal was without just and sufficient cause, it shall be forbidden for any member of this Association to fill the vacancy created thereby.

IX. That complaints made under Rules VII. and VIII. shall be made in writing to the Standing Committee, which, after due consideration, shall report its findings to the Association.

In view of the facts that a committee of the Association failed to obtain a hearing before "the Joint Select Committee of Congress to investigate the Charities and Reformatory Institutions in the District of Columbia," and that said Joint Select Committee did take testimony, which, in some measure, discredits the motive and denies the wisdom of some of these enactments, I have deemed this a fit occasion to set forth their purpose, scope, and necessity.

These provisions considered in their entirety embody the doctrine of protection of the profession from organized and corporate effort to attenuate and diminish emolument; reassert the prerogative of the profession to prescribe rules of professional conduct for its members and their relation to public Medical Charities; re-establish the claim of the profession "to give counsel to the public in relation to matters especially appertaining to the profession," and to enlighten the public in regard to the management of public hospitals and dispensaries; and, finally, assert the duty of physicians, as

good citizens, to give aid in protecting the funds appropriated and donated to the uses of public Medical Charities from waste and improper expenditure.

These proclamations are based upon the theory that the Medical Association of the District of Columbia, which is a constituent part of the American Medical Association, the largest medical body and highest medical authority in this country, has, by virtue of such membership, power to enforce these enactments, in whole or in part, in such manner as its rules, regulations, and the code of ethics may ordain, subject, however, always to such revision and modification as wisdom, discretion, and good citizenship may dictate.

These enactments are, furthermore, based upon the conviction that abuses, as before cited, do exist, and that the profession can only reach them through its power to control the eleemosynary services of its members. Not that it wishes or intends to prohibit or limit gratuitous medical service to the indigent sick and deserving poor, but it does mean to stamp mendacious mendicancy as a fraud, and denies the right and privilege of public hospitals and dispensaries to promote pauperism by offering medicine and medical service free to the many who are able to defray all the necessary expenses of sickness, and thereby rob the profession of its only source of revenue. Public hospitals and dispensaries cannot exist without physicians, and if the directories of such institutions persist in their methods of abuse and waste of public funds and donations, and refusal to recognize their obligations to the Medical Staff, the time has come when such arrogance should be subjected to the control of law.

In the testimony before referred to (Senate Document No. 185, 55th Congress, 1st Session, p. 247), Sections I., II., III., IV., and VI., are approved, Section V. is condemned as unwise, inadmissible, and positively detrimental to successful hospital management; Sections VII. and VIII. are indifferently criticised, without positive condemnation, but labelled with the stigma of Boycottism. It must, however, be added,

that the explanation of Surgeon-General Sternberg was sufficiently complete to vindicate these two sections from such unfavorable suggestion. For such endorsement and commendation of seven of the series of propositions by such high authority, the profession of the District of Columbia renews its expression of regard for the Surgeon-General, but it cannot permit his objections to Section V. to pass without comment, which is all the more imperative because the criticisms emanate from one whose misapprehensions carry the weight of high official and distinguished authority.

Sections I. and II. provide a method of detection and prevention of the frauds perpetrated by persons not entitled to gratuitous medicines and medical services. If the alleged abuse does not exist the certification cannot do any harm and will not exclude any indigent person from the privileges and benefits of the institution. The omission from the certificate of the requirement of personal knowledge of the condition of the applicant, and the limitation of certification to the three classes of persons named, may prove to be defects in the scheme, but it is not believed that persons will certify to a fact of which they have no knowledge, and with one thousand registered physicians, and twenty-two physicians to the poor, together with the active co-operation of the Associated Charities, no extension of the privilege of certification is needed. No scheme of detection will prove effective that admits the dangerous elements of sentiment and habitual and loose almsgiving in the distribution of charity. But, after all, the success of any method will depend upon the fidelity and vigilance of the medical officers and boards of management of the institutions. If it be true, as has been charged, that medical officers are blamable, the Association will be compelled to advance a step farther and discipline such wrong-doers. In vindication of the wisdom of these regulations, I am permitted to add the conclusive statement that since their adoption and enforcement by the Eastern Dispensary the number of applications has diminished 70 per cent., and since the cer-

tificate plan was adopted by the Central Dispensary, November 15, "the number treated has been reduced about one-half." These results show an annual reduction of 9000 (estimated) in the number of medical paupers treated in these two institutions. A startling disclosure of imposition.

Sections III. and IV. define "an emergency service" and the classes of "emergency patients." The requirement that such patients shall be "carried to the Emergency Hospital, or to the nearest hospital having an emergency service," is in the interest of humanity. Injured and sick persons cannot always be safely conveyed long distances. The conveyance of such patients to the nearest emergency service will compel all public general hospitals to provide for the care of such patients and thus greatly increase the efficiency of the service, improve the care of such sick and injured persons, and save life. The words in Section III., "or to their homes, if so directed by the patient or his friends," and the words in Section IV., "shall be discharged from the service and sent to their homes or to some public hospital, as the patient may elect," are intended to correct abuses which no community should tolerate. As the service of the Emergency Hospital is now administered, it claims the right to convey every patient found upon the streets, in the stations, or elsewhere to the Emergency Hospital without the consent, and, in fact, against the protest of the patient, his friends, or the physician who may be in charge of the case, or refuses to supply such aid and conveyance as humanity demands. Every injured and sick person found in the streets is not a pauper, nor does every such person wish to be conveyed to the Emergency Hospital, and some may prefer to be returned to their homes and have the care of a physician of their own selection. The arbitrary management of the institution denies the right of conveyance to their homes and the privilege of selection of medical attendant. The limitation of emergency service is in the interest of public economy, by excluding from such service chronic operative cases, or cases other than urgent, and

preventing unnecessary detention of patients in the wards, and, not less important, nullifies all efforts to convert the institution into a public general hospital. In their totality, the sections will correct the abuses of continuous free medical service and free hospital accommodations to persons able to defray the expenses of their sickness in an emergency institution supported out of public money.

Section V. is a restatement of the claim of reputable physicians to attend private patients occupying private rooms in any public hospital in this city. It is the same in import as Senator Gallinger's amendment to the District Appropriation bill, which was stricken out in conference. It is the authoritative reassertion of the same principle set forth in the memorial of eighty-five physicians in favor of the foundation of the Garfield Memorial Hospital, bearing date June, 1882, and the same as the privilege conceded by the Garfield and Providence Hospitals. Notwithstanding the continuous recognition of this right by these two hospitals for a number of years, the testimony proceeds in denunciation of the "extremely objectionable" claim, based upon the misapprehension "that it is not permitted anywhere," and equally erroneous conclusion that it would lead "to trouble and confusion," resignations of staffs, injustice to hospitals, and "spoiling of statistics" by "enterprising doctors," who would operate upon inoperable cases, and afford to certain men, especially young men, "the opportunity of gaining some experience and reputation," and concludes with the special claim of Columbia Hospital to exemption from such rule or law, because the surgeons, two in number, are believed "to be competent to do the work required," and the fear of spoiling statistics by other less skilful and discreet surgeons and enterprising young doctors. No such complaints have come from the Providence and Garfield Hospitals. No claim of superexcellence in operative dexterity and skilful management has been set up by the staffs of these two hospitals. The reference to the spoiling of statistics is a reflection upon surgeons in this city

whose records are quite as good as those of the chosen two, who owe their high distinction and deserved success to the experience acquired in an institution supported by public money. Both of these surgeons had their beginnings, and it goes without saying that others with equal opportunities may attain even a higher distinction than their predecessors. It is quite true that the adoption and enforcement of the rule is in the interest of enterprising and competent men, "having no private hospitals of their own," but it is also true that it is in the interest of the hospitals. With two other hospitals open to them enterprising men are not in such stress as the testimony seems to imply. But facts are always more reliable than sentiment. During the years of 1890 to 1896, both inclusive, the pay patient fund of Columbia Hospital averaged \$3807, and during the years 1895 and 1896 the same fund in the Garfield Hospital reached the average sum of \$14,212, and in 1896 \$31,840.88 in the Providence Hospital. Mark the difference and significance of these figures. They exhibit the value to the hospital of open private rooms to the private patients of enterprising and competent physicians. They fail to show the exclusive and extraordinary proficiency of the staff of an institution that closes its private rooms to competition and enterprise. They show, moreover, the greater popularity and wider usefulness of an institution that offers to other competent surgeons the opportunities of a well-equipped hospital. As a rule, the occupants of private rooms are the private patients of physicians seeking the best care of their patients, either under their own direction and supervision, or that of some other in whose judgment and skill the family physician has the highest confidence, and is unwilling to accept the compulsory service of a member of the staff or of a resident physician.

In this connection the inquiries necessarily arise, why should the Government of the United States establish and maintain a hospital in this city, offering free medical service to people able to defray the expenses of such service, and limit its

opportunities to two surgeons, under a directorship holding life tenure of office, without responsibility to any authority whatsoever? If the board of three Commissioners, appointed by the President, two of whom, by and with the consent of the Senate, and the third by detail from the Engineer Corps of the Army, is competent to execute the laws for the government of two hundred and seventy-five thousand people and protection of many millions of property value, to superintend the health, fire and police departments, and public schools, and disbursements of five and more millions of dollars annually, why is it not competent to appoint a board of Medical Charities, removable at pleasure for incompetency, with authority to manage a Medical Charity supported by appropriation of public money? And finally, upon what principle of public policy can the Government of the United States base the right to establish and maintain, in competition with the profession at large, a hospital for the free medical and surgical treatment of patients who may be able to defray the expenses of such treatment?

In this connection the observations of the superintendent, Ella Underhill, in her report for 1895, are pertinent. "Careful observation," says Miss Underhill, "has shown a decided indisposition on the part of many patients to pay even a small sum weekly, although circumstances point to their ability to do so. In this way many beds are taken up by people who might pay, thereby occupying other than free beds, increasing the income of the hospital, and depriving the really poor people of rooms which would otherwise be theirs. This is an established fact, but one which it is difficult to know how to obviate." That is to say, so many patients able to pay occupied the public wards that "many really poor people" were deprived of accommodations to which they were entitled. Is that not an abuse of charity?

Some days ago I addressed a note to Surgeon-General Sternberg, in which I informed him that I would in this address review his testimony before the Joint Select Committee of

Congress, especially that part of it referring to Section V., and that I would, if he so desired, show him the criticisms. After an interview with him, it was agreed that he would address me a letter, which I would incorporate in this address.

It is as follows :

WAR DEPARTMENT,
SURGEON-GENERAL'S OFFICE,
WASHINGTON, December 13, 1897.

DR. S. C. BUSEY,
President of the Medical Society, D. C.,
1545 I St. N. W., Washington, D. C.

MY DEAR DOCTOR : Referring to my testimony relating to the Medical Charities, given before the Joint Select Committee of Congress, I would say that I had not seen the recommendations adopted by the Medical Association of the District of Columbia until my attention was called to them at the time of my appearance before the Committee. The fifth resolution I objected to, and still object to, so far as it applies to the Columbia Hospital. This is a Government Hospital, and in my opinion should be supported entirely by the Government. I object to receiving patients in this hospital who are able to pay a fee to their attending physician or for a surgical operation, and shall state my objections at the next meeting of the Board of Directors. In my opinion all inmates of this Government hospital should be treated by the staff selected by the Board of Directors, and no fees should be exacted from any patient so treated.

With reference to other hospitals in the city, I recognize the fact that it is very desirable that physicians and surgeons in general practice should be able to place some of their patients in a well-regulated hospital, and that when so placed they should remain their patients. There is no good reason why the staff of a hospital having accommodations for pay patients should have a monopoly in the treatment of such patients to the exclusion of their regular medical attendants. But here I think a distinction might be made. Patients are often sent to a hospital who are able to pay a small sum for the advantages of a private room, but who are unable to pay fees for medical or surgical assistance. In the interest of a hospital which has to depend largely upon such patients for its support, I think there can be no objection to receiving them for treatment by members of the hospital staff, but with the full understanding that no fee is to be charged for professional services.

Very truly yours,

GEO. W. STERNBERG.

This restatement of his opinion does not differ materially from those stated in the testimony, except so far as he bases the exemption of Columbia Hospital upon the erroneous belief that it is a Government hospital, and being such, it should not engage in competition with the profession at large in providing accommodations for patients able to defray the expenses of medical and surgical attention, a reform in its management which it is hoped he may accomplish. The fact is, however, that the Columbia is as much a municipal institution as the Almshouse Hospital, both being located upon property belonging to the National Government and alike deriving their support from the revenue of the District of Columbia, one-half of which is appropriated out of the Treasury of the United States. The Almshouse Hospital is devoted exclusively to the care and medical treatment of the indigent sick and poor, and offers no inducement for the abuse of Medical Charity by engaging in competition with the profession at large.

Section VI. is intended to protect the medical staffs, including the resident physician and his assistants, from compulsory services without remuneration, and from the imposition of patients unwilling but able to pay, who seek admission to hospitals to escape the expense of medical attendance, and thereby rob the profession of its just and well-earned remuneration. Providence Hospital has not only voluntarily conceded this right, but has provided that "patients occupying private rooms and able to pay for medical attendance *will be required* to pay the usual fees to the Staff Physicians and Surgeons." If Providence Hospital, which derives only a part of its income from public funds, by virtue of a contract with the Surgeon-General for the maintenance of a fixed number of patients at a fixed cost per day, can afford to require the payment of fees to its staff by those occupying private rooms and able to pay, why should not the Garfield and other hospitals supported by lump appropriations of public funds be required to grant their

staffs the privilege of collecting from such patients the ordinary fees for their services? It is quite true this provision is an appeal for the pocket, but none the less just. "The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common fund for its support when fees are dispensed with which might justly be claimed."

Sections VII. and VIII. set forth the broad principle of fraternal and ethical protection of the medical staffs or any member thereof from rude dismissal and enforced resignation for refusal to submit to the arbitrary and unprofessional regulations of managing boards, and especially to the imposition of compulsory free service to pay patients in private rooms, public pay wards and public free wards, who may be able to pay for such service, in that the Association will, after investigation and approval of such complaint, stamp with condemnation the conduct of any member who may accept appointment to such vacancy. There may be some who may think, as others in the past have thought, that they can successfully defy expulsion from honorable association, and appeal to the community for support and vindication; but as yet there is no instance of such success. Communities are more alert to stamp dishonor with unfitness, and far less forgiving, than the profession. These sections are, moreover, in the interest of public economy, inasmuch as they will add the vigilance of the staff to other methods of detection of mendacious claimants of charity who may seek admission to the wards of public hospitals through deception and falsehood. They will also unload the hospitals of the injured brought from Maryland and Virginia, who have no claim upon the charity of the District of Columbia, and for whose care and medical attention the railroad companies are responsible, and, in fact, for whom some of the companies have provided; but their surgeons accept the inducements of hospitals in this city, transfer their responsibility, and impose upon others free service for which

they are paid, and upon the hospitals the expense of free maintenance.

The stigma of Boycottism offers no obstacle to honest and earnest effort to correct abuses known to exist, and so flagrant and scandalous as to invoke the obloquy of good citizenship.

"As good citizens it is the duty of physicians to be ever vigilant for the welfare of the community and to bear their part in sustaining its institutions and burdens." They should approach such duties imbued with the greatness of their mission and the responsibility habitually incurred in its mission, in that scientific medicine may be exalted in standing, dignity, and power, and the bounds of its usefulness may be extended.

It has been shown that indiscriminate dispensation of public Medical Charity in this and other larger cities in this country has increased public medical pauperism to a ratio varying from twenty, in this, to forty per centum of the population in other cities, and this in face of the fact that methods of systematic inspection and detection will not only prevent the expansion of the abuse, but will circumscribe Medical Charity to the limit of the classes of the indigent and deserving poor. To the attainment of this aim the profession should lend its influence and active co-operation in all the activities of good citizenship appertaining to the betterment of the needy and deserving sick poor.

There is no difference of opinion in the profession in regard to its exclusion from any share in the management of a Medical Charity which could not have been founded without its support and co-operation. Most, if not all, of the disputes, disturbances, and collisions which have occurred between the medical staffs and officers and the majorities of the boards of management of medical charities in this city, have been due to the attempts, usually successful, of lay majorities to cripple or exclude the influence and power of the profession in the management, and to force the medical staff into

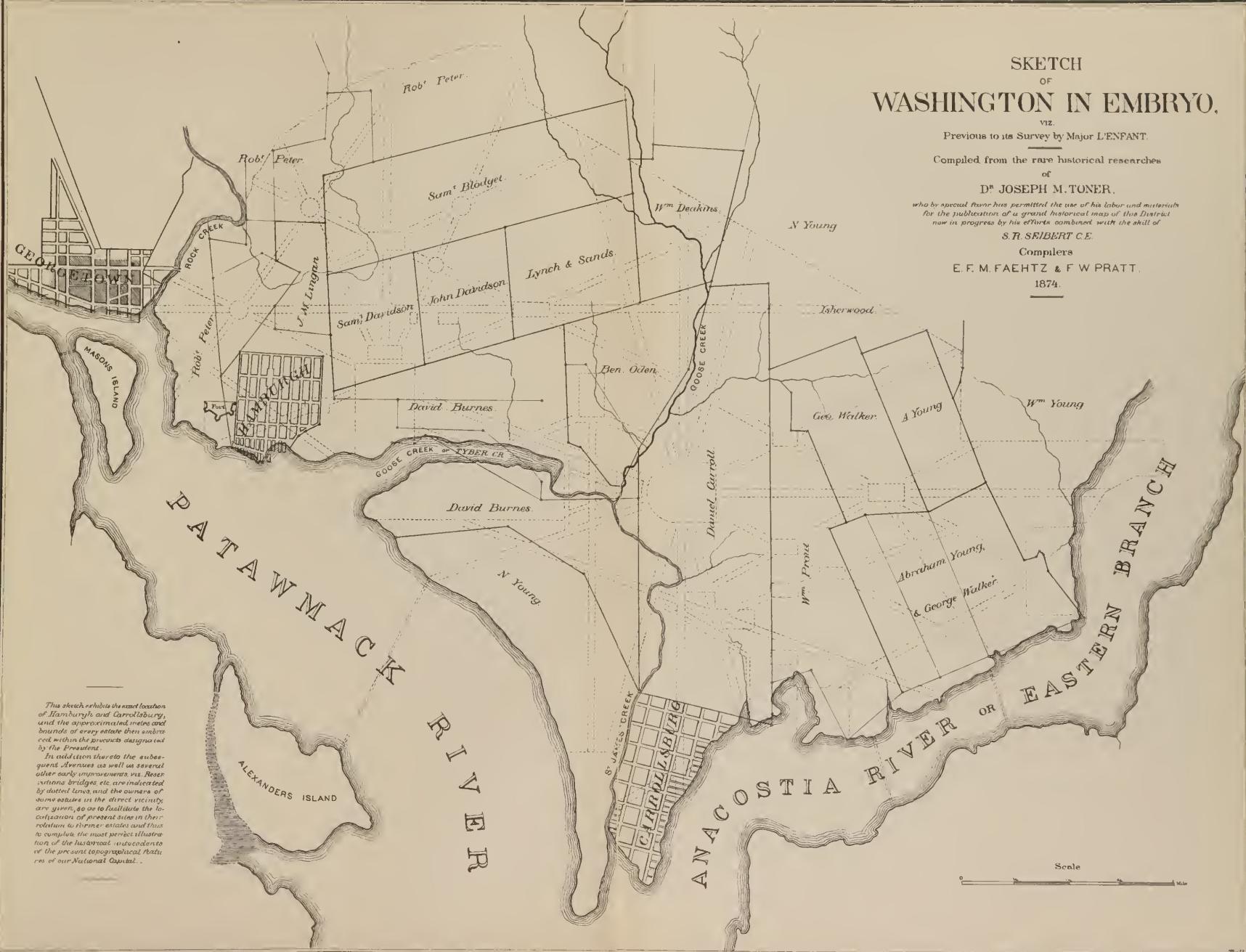
humiliating dependency upon their unstable will. No hospital ever succeeded, and none can continue in operation, without the aid and co-operation of physicians; and the fact is demonstrated beyond dispute that private hospitals, from which are excluded the semblance or even pretence of lay management, are the most successful so far as concerns the health and lives of the patients. The better results obtained in private hospitals are not only a refutation of the claims of lay directories of the superiority of their management, but a proof of its inhumanity. No one ought to deny that the fiscal affairs of such institutions can be properly managed by laymen, and it is undoubtedly true that the active co-operation of laymen is always an important and very often essential factor in the successful management of public Medical Charities. A mixed directory with a majority of laymen is preferable to one exclusively professional or lay.

It must, furthermore, be admitted that too frequently the harmonious co-operation of the lay and medical members of mixed directories has been interrupted by professional jealousies and contentions, and that medical men not connected with the institution have inspired antagonisms, sometimes to gratify a malevolent spirit and at other times to promote their own interest, standing ready, hat in hand, to fill places made vacant by enforced resignation.

There is no rule or principle of medical ethics that upholds or defends wrong-doing, nor is it contended that medical men are any better than mankind in general; but medical men are better physicians than lay directors, and must be better qualified to discharge the duties pertaining to the management and treatment of the patients, and to make and enforce the rules and regulations relating thereto. No body of medical men has ever claimed that a majority of the directory of any medical charity should be physicians, but a great majority of the profession does claim a fair representation upon every such directory. It is claimed, not as a concession, subject to the unstable and sinister will of conceited

laymen, but as a vested right not to be questioned by captious and unreasonable men.

The ills to which the profession is heir might find their solution in more definite and punctilious observance of the precepts of the Code of Ethics. It imposes no restraint upon honor, dignity, qualification, and merit, but in every section, paragraph, and sentence enjoins duties and obligations that should segregate the ignorant, the charlatan, and the impostor, and deepen and widen the scope of our responsibility in the defence and maintenance of the letter and spirit of the code, in that the science of the healing art may pursue its mission of beneficence, free from the antagonism of discontent and misapprehension.



THE HISTORY AND PROGRESS OF SANITATION IN THE CITY OF WASHINGTON, AND THE EFFORTS OF THE MEDICAL PROFES- SION IN RELATION THERETO.

[Delivered before the Washington Academy of Sciences, Dec. 14, 1898.]

MR. PRESIDENT, LADIES AND GENTLEMEN: When Washington, March 29, 1791, made a tour of inspection to mark the metes and bounds of the site selected for the location of the Federal City, the territory comprised, in whole or in part, the farm lands of (see Plate I) nineteen proprietors. The area of 6100 acres was irregularly cut across by numerous farm-roads for the convenience of those residing within its limits. There was but one roadway,¹ running through the entire area from Georgetown to the Eastern Branch, but neither its course, beginning, nor terminus is stated.

With a single exception the farm-dwellings and out-buildings were constructed of wood. Many of the dwellings were capacious buildings, and known as mansion-houses, denoting the home, wealth, and social standing of the proprietor. Near by each one of the stately mansions was located the family graveyard. The mansion-house of Notley Young was built of brick, and the cottage of David Burnes was "a long, one-story frame." Many of the out-buildings, barns, tenements, and slave-houses were built of logs.

There were also two village settlements. One, named Carrollsburgh, because it occupied a part of "Duddington Manor" and "Duddington Pasture," was situated on the Eastern Branch along and east of St. James Creek. It

¹ Referred to by Mr. Jefferson in his letter of appointment of L'Enfant. Jefferson's Works, vol. iii. p. 221.

comprised 160 acres, which had been subdivided in 1770 into 268 building-lots and sold to purchasers selected "by ballot or lottery." It was laid out in rectangular lots and with streets running north and east from the water-fronts, so that every street terminated at the shore-line of either the Eastern Branch or St. James Creek.

Hamburgh, first known as Funkstown, was situated on the Potomac River between Twenty-first and Twenty-fifth Streets, West. It appears to have been a part of a tract of land purchased in 1765 by Jacob Funk, who, in 1770, subdivided it into 287 lots, which he sold as "lots in Hamburgh." It was laid out on a plan similar to that of Carrollsburgh, but only the streets running north had water-fronts. Both of these settlements were obliterated by the commissioners, who effected an exchange with the lot-owners by transferring to them lots of equal value in other parts of the city.

The city site was bounded on three sides by streams of fresh, flowing water. The eastern border was swept along a bold shore by the Anacostia, varying in depth from four and a half to six and one-half fathoms of water, offering an opportunity for a safe harbor for a naval and mercantile marine, and sufficiently capacious for an extensive commerce.¹ The southern boundary was washed by the rapid current of the Potomac from its deep water at the mouth of Rock Creek to its junction with the Anacostia. Rock Creek, on the west, then as now, flowed through a deep ravine around the horseshoe bend to its outlet into the Potomac. It was then a picturesque stream of unpolluted water, but is now an open sluice-way for the sewage of one and, until recently, of both of the neighboring cities, not less offensive to observation than conducive to the production of mephitic emanations.

In addition to the boundary water-courses there were

¹ Pictures of the City of Washington in the Past, chap. iii.

several creeks into which numerous spring streams emptied along their way through the territory. The three head-water branches of the Tiber, with sources at elevations varying from 115 feet and 7 inches to 236 feet and 7 inches above the level of the tide, one of which finds its beginning in the grounds of the Soldiers' Home, penetrated the northern boundary-line at different points between Vermont and New York Avenues. At or near the latter point they unite in a common stream, which flows along a valley in a southwest direction, reaching the elevation of tide-water in a depression between Capitol Hill and Judiciary Square, crossing Pennsylvania Avenue at Second Street, West, to B Street, South, and thence by an abrupt change in its course to its mouth at the foot of Seventeenth Street, West. Its water-shed covers hundreds of acres, extending from Fourteenth Street, West, far into the eastern section. Its banks were "originally covered with trees and underwood of different varieties, and formed a romantic stream, which was overspread in spring and autumn with wild ducks, and penetrated as far up as Pennsylvania Avenue, with multitudes of shad, herring, pike, perch," and other food fishes. One of its largest tributaries, now concealed by improvements, crosses Pennsylvania Avenue between Ninth and Tenth Streets, West, had its source in the springs in Franklin Square.

St. James Creek, a bayou or effluent branch of the Tiber, was a considerable stream, extending from Third Street, West, in a southeast direction to its outlet into the river east of the Arsenal grounds. Along its course it received the waters of the many springs located in the contiguous territory. That part of the creek now known as James Creek Canal is an open sewer filled with a mass of filth, moving in a sluggish current, subject to the action of the tides and emitting gases offensive to the comfort and a menace to the health of the residents of that section of the city.

A tidal stream somewhat smaller than the Tiber, which floated flat-bottom boats, but now entirely obliterated, ex-

tended, during high tide, from Twenty-first Street, West, along the lowland south of the President's house.

In the western part of the city the largest stream was that known as Slash Run, now converted into a sewer. From Boundary and V Streets it ran a tortuous course through swampy lands and along ravines, receiving the waters of springs and drainage courses to its mouth into Rock Creek below the P Street bridge. It was the affluent and drainage stream of the extreme northwest of the original site.

According to the statement of Superintendent McComb, the main drainage areas of the city were "originally Tiber Creek, 2600 acres; St. James Creek, 600 acres; and Slash Run, 650 acres. In addition, 200 acres drained directly to Rock Creek, 1300 acres drained directly to the Anacostia river, and 700 acres drained directly to the Potomac River."¹

There were within the limits of the city so many "good springs of excellent water abundantly supplied during the driest season of the year," that L'Enfant designed the collection of the waters "into fountains intended, with a constant spout of water," to be located in different sections of the city, one of which was to be erected upon the reservation on Pennsylvania Avenue, the use of which has been granted by Congress to a company for a market-place. It is hoped that Congress will, in the near future, obliterate this unsightly mutilation, and restore the reservation to its original purpose.²

The contour of the basin in which the city is located was undulating, with intervening valleys, ravines, morasses, and lowlands subject to overflow. The highest elevations reached 93 feet above the tide at Capitol Hill, and 127 feet above the tide in the northwestern part of the city.³ Within it is a well-

¹ Evening Star, Oct., 1898.

² For a fuller and more detailed description of the streams and springs, see volume entitled, Pictures of the City of Washington in the Past, pp. 147-160.

³ Ex. Doc. 445, 51st Congress, 1st Session. Report of Commission of Sanitary Engineers, p. 11.

defined deposit, known as the Columbia formation, which "consists of loam or brick-clay above, and sand, gravel, or both combined, below," . . . "more or less distinctly stratified," and "at its base it often becomes a simple bed of bowlders and gravel." . . . "By reason of its structure and position, underground water circulates slowly through the upper portion and freely through the lower portion, and in both divisions the movement of underground water takes place more freely horizontally than vertically."¹ In his preliminary report to the President, bearing date March 26, 1791, L'Enfant describes the "high flat" extending west from the bold shore of the Eastern Branch to Jenkins Hill, which he suggested would be a suitable location for the "Congress House of a great empire." L'Enfant believed the first settlement of a great city would necessarily take place upon this "high flat," because of its majestic aspect and picturesque prospect "over all the country around for twenty miles off," and its proximity to and direct connection with the deep waters of the Anacostia. He describes also the lower plateau in front of Jenkins Hill, extending back from the shore of the Potomac River to a ridge, which, perhaps, was known later as the F Street ridge. This ridge extended eastward from Twentieth Street, West, along F Street to Eleventh Street, and divided the territory along its course into two drainage areas. The current of the fall water on the north side was through G Street to Eleventh, and thence into and with the spring stream from Franklin Square, through the lowlands to the Tiber, sometimes adding to it a volume of water sufficient to convert it into a swift-flowing, impassable stream. That on the south side of the ridge followed the course of Pennsylvania Avenue from Fifteenth Street to its confluence with the stream crossing the Avenue between Ninth and Tenth Streets. The undulating character of the

¹ Prof. W. J. McGee. Report of Health Officer of the District of Columbia for 1885, p. 20.

site and the difference in elevations was a marked feature of its contour. All waters falling upon the surface had their drainage either into the Eastern Branch, Tiber, and St. James Creek, or into Rock Creek or into the Potomac River.

So much of the territory was woodland that the original proprietors reserved the ownership of the timber, except such as might be reserved by the President, which was to be paid for "at a just and reasonable valuation."¹ Some of the forests covered large areas of land. Many smaller tracts and spaces were occupied by clusters, groves, and clumps of forest trees. Other larger and smaller areas were covered with shrub-oak, alder, thorn bushes, and grape-vines. Mr. Wells, who assisted in the original survey and platting of the city, says, "that at that time more than half of the territory included within its limits was covered with woods and swamps." In his autobiography, Colonel John Trumbull, who was a visitor to the city as early as May, 1791, writes, "where the Capitol now stands was then a thick wood." In his *Early Recollections of the City of Washington*, Christian Hines refers "to acres of elegant forest trees," which occupied a part of the reservation now known as the Mall, which were standing as late as 1796. Thomas Twining, in 1796, on his way from the "Fountain Tavern," in Georgetown, to the residence of Mr. Law, at Greenleaf's Point, forded Rock Creek at P Street, North, passed through an extensive tract of level country, and then entered a large wood, through which he rode "for half a mile along a spacious way marked by the cutting down of the trees in a straight line," and then came out upon a large spot, cleared of wood, in the centre of which was "the foundation of the Capitol." From the walls he saw on every side dense woods pierced with avenues. In 1799 the Government obtained the timber to construct the wharves at the Navy Yard from the "white oak slashes in the northern part of the city, on the east side of

¹ Agreement of original proprietors of March 30, 1791. Pictures of the City of Washington in the Past, p. 29.

Seventh Street near the head of the Tiber." Isaac Weld had to travel "through deep woods for one or two miles to see his next-door neighbor." Mrs. John Adams complained that she was surrounded with forests, but could not get wood enough to keep the fires going in the Executive Mansion, "because people could not be found to cut and cart it." In his oration delivered at the laying of the corner-stone of the extension of the Capitol, July 4, 1851, Daniel Webster, in his reference to Washington, who laid the corner-stone of the Capitol, September 18, 1793, said, "He heads a short procession over these then naked fields; he crosses yonder stream on a fallen tree; he ascends to the top of this eminence, whose original oaks of the forest stood as thick around him as if the spot had been devoted to Druidical worship, and here he performs the appointed duty of the day." Those giant oaks have all disappeared, and not a stump is left to mark the locality of that dense forest which had shaded the hill of "Rome" in the dismal gloom of undisturbed solitude through centuries gone before. Nor is there left one tree to landmark the acres and lesser groups of native and primeval forests which, a century and a half before, Henry Fleet saw swarming "with deer, buffalo, bears, and turkeys," and other game in great abundance.

The swampy lowlands spread out in many acres south of the F Street ridge to the river shore, along the valleys of St. James Creek and the Tiber, including a greater part of the White Lot and the Mall, which, for the most part, were covered with shrubby growths and bramble and waukapin bushes. But the largest continuous area of morass and swamp was the section known as the Slashes, lying along the northern boundary-line from the Tiber to Rock Creek, dipping, in many places, far into the interior of the basin. At a later period this morass was interspersed with patches of solid and reclaimed land, which some thrifty truckmen had utilized for the growing of marketable vegetables, but as late as 1850 it was, for the most part, the pasture and

roaming fields for herds of milch cows and swine, with consequent pollution of the soil.

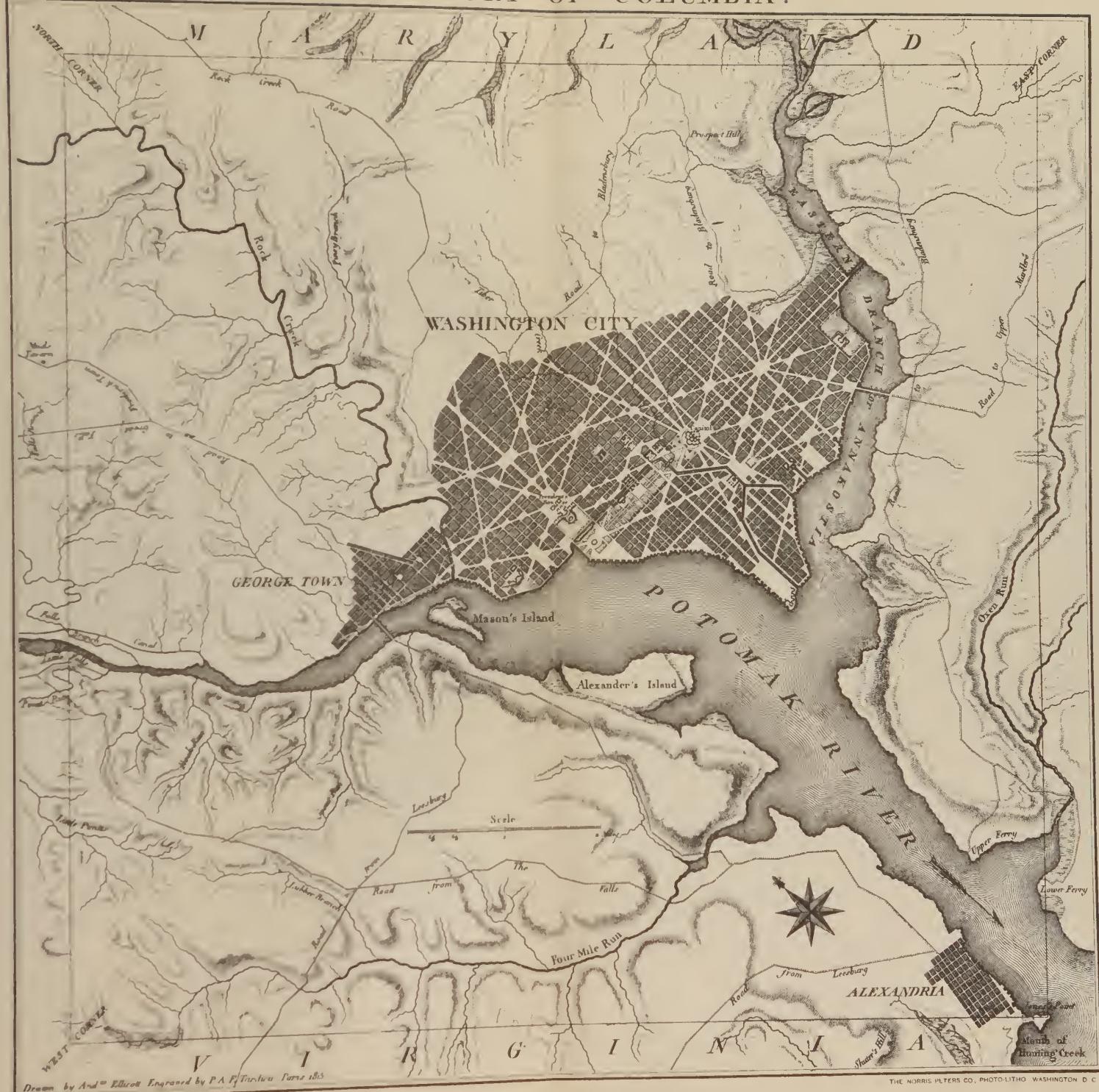
Around this great geological basin, with its plateaus of moorlands and lowlands; its farm-lands and morasses; hills, valleys, and ravines; springs, streams, and drainage courses, there was a range of wooded heights, (see Plate IV.), extending from the Potomac, on the east, to Little River, on the west, with elevations varying from 200 to 420 feet above the level of the tide, and broken only by the creeks that penetrated its territory and the rivers that washed its shore-lines to unite at its base in one great river that flowed through the gap to the bay. Along its course of irregular elevations the many fields of view seem to rival each other in the grandeur, diversity, and expanse of prospect that "marked the breadth of the picture, and the strong colors in the grand and environing wall of forest heights, which rolled back against the sky, as if to enclose a noble area of landscape, fit for the supreme deliberations of a Continental nation."

It must, then, be clear to every sanitarian that the contour and physical conditions of the floor of the basin were such as to unfit the site for the location of the Capital of a great empire, and nothing less than the genius of L'Enfant, evolved under the direction and supervision of Washington, could have devised a plan which could overcome the natural and topographical obstacles and defects and be developed into a city as grand and beautiful in all of its appointments as now stands upon the site.

With a water-front along three-fourths of its boundary lines, the site offered unusual facilities for the establishment of initial systems of drainage and sewerage which, even at that early period, might have lessened the prevalence of malarial diseases, so rife among the early settlers of the embryo city. But it does not appear that either the engineers or commissioners considered the problems of sanitation of the new city. On the contrary, they seemed to have been exclusively occupied in devising a plan of the city that would enlarge,

PLATE IV.

TERRITORY OF COLUMBIA.



expand, and diversify the prospects, and develop the business and commercial interests, even so, in utter disregard of the contour and physical conditions of the territory. In his letter from Charleston to the commissioners, April 17, 1791, Washington directs that the level of the water-courses be taken and the measure of the heights be made before "the city could be laid out and the spot for the public buildings be fixed on." Notwithstanding this direct and far-reaching order, little attention was paid in the plan of the city to the courses of natural drainage, which ought to have received consideration. The streets, and avenues, and subdivisions into squares had no reference to the natural surface and drainage courses, but were adapted to the sites of the public buildings and to artificial objects. Hence the deplorable obstacles to the progress of systems of drainage and sewerage, which have not yet been completed. It is true that L'Enfant designed the construction of a grand canal of fresh, flowing water along the courses of the Tiber and St. James Creek, through the improved fields, and along the decorated park intended to connect the two "Grand Edifices," which came to naught, through the greed of some favored citizens, by an Act of Congress granting a charter for the construction of a slack-waterway for business purposes. L'Enfant also designed the plan of collecting the waters of the springs into "spouting fountains" and the conveyance of the waters of the Tiber to the "high flat" to supply drinking-water. Whether so intended or not, these abandoned parts of the plan of the city, approved by Washington, were projects in aid of sanitation.

The reclamation of Pennsylvania Avenue was the first effort at street improvement, and, perhaps, notes the first attempt at sanitation. When first laid out, that part between Fifteenth Street, West, and the foot of Capitol Hill was a boggy morass covered with bramble bushes and subject to tidal inundations and storm-water overflow. It was the habitation of game, venomous reptiles, and pestiferous insects,

and forbidden to man and beast. Soon after the beginning of the foundation of the Capitol, in 1793, its improvement was set on foot by carting earth, gravel, and chips of stone first to make footways, and then to fill up and level the centre until a rough roadway was incompletely prepared. This method of improvement was continued until, by the Act of Congress of April 24, 1800,¹ ten thousand dollars, "to be reimbursed by the sale of lots," was appropriated "for footways to be made for the convenience of Congress."

To Jefferson is due the credit of prophetic conception of the future importance and grandeur of the only direct transit-way between the Executive Mansion and the Capitol. He foresaw the eventual prospective of a thoroughfare through which the business between the legislative and executive departments must be transacted, and lent his efforts with zeal and directness to improve and develop the way in comparable beauty and splendor to some of the most notable avenues in other capitals. Through his influence Congress, in 1803, made a second appropriation, of which \$13,466.69 were expended in improving the avenue according to his plan, which consisted, in part, of its division in course, by planting four rows of Lombardy poplars (see Plate II.), one row along each side and two through the centre, equidistant from the curb-line. During the three succeeding decades the corporate authorities provided as best they could, but in a very incomplete and meagre manner, for repairs, improvements, and extensions. In 1820 a Committee of the House of Representatives was appointed to inquire "into the expediency of making provision by act of Congress, or otherwise, for the improvement and repair of the street in Washington City called the Pennsylvania Avenue, from the President's House to the Capitol, on the macadam plan, or other permanent manner." In its report the committee pronounced the

¹ Entitled an "Act to make further provision for the removal and accommodation of the Government of the United States."

PLATE II.



THE NORRIN PETERS CO. PHOTOLITHO. WASHINGTON, D. C.

WASHINGTON,

1833

street "neither safe nor convenient," and declared it to be a public highway the improvement of which was necessary "to provide a safe and convenient road of communication, . . . not merely for the convenience of the citizens of the District of Columbia, but for Members of Congress, the various and numerous officers of the General Government residing in this District, and the citizens of the States who may have business to transact with Congress and these officers." The improvement, in accordance with the plan of the committee, to pave the space between the middle rows of trees with "sizable round stone," or macadamize with "pounded stone" and cover the other parts "six inches deep with clean, coarse gravel," completed the reclamation of a large area of low and swampy land, enhanced the value of property, encouraged the erection of buildings along its course, and supplied sidewalks for the pleasure and convenience of Members of Congress, but only to a limited extent, if at all, improved the surface drainage. During the succeeding decades (1830 to 1850) the avenue was several times improved by regrading, paving, and repaving with cobble-stones, by relaying of brick sidewalks and curbing, and since by paving in succession with wood-blocks, concrete, and asphalt.

Pennsylvania Avenue has outlived its mud and poplars to be all and more than Jefferson dreamed it would be.¹ It has, through the years of a century and more, emerged from its prenatal state of slimy maceration and swaddling life of bramble and brier bushes, passed through the inchoate conditions of morass and mud, of stone chips and white mortar, and of macadam and cobble-stones. All these are historic relics of its slow but gradual transformation from an impenetrable and water-logged morass to an avenue, in fact as well as in name and dimensions.

The mutilation of the scheme of the "Grand Canal," by authority of the Acts of Congress of May 1, 1802, and

¹ Pictures of the City of Washington in the Past, pp. 226-291.

February 9, 1809, and other subsequent supplemental and amendatory Acts, granting to the "Washington Canal Company" a charter to construct for commercial purposes a canal along the courses of the Tiber and St. James Creek through the territory from the foot of Seventeenth Street, West, to the Anacostia River at the foot of Second Street, East, was the first enterprise materially affecting the drainage of the city. Through this water-way the storm and subsoil waters of a large area found outlet to the river. By authority of an Act approved January 31, 1831, the city purchased this canal and continued its use for commercial purposes. Prior to 1871 all the sewers constructed by the city emptied into it, and, as it flowed through a greater part of its course along a natural valley line, it became the trunk-drain for the central section of the city.¹ With lessened use as a business enterprise, and continuously increasing accumulation of filth, it became such a nuisance, offensive alike to sight and smell, and such a menace to health, that its obliteration by filling began in 1871 and was completed in 1880. By its construction the original design of a Grand Canal of flowing water through the heart of the city was mutilated, then abandoned by its conversion into a common receptacle of the sewage, subsoil, storm-water, and filth of the most densely populated portion of the city, which made its destruction a necessity, as well for the comfort as for the health of the residents of the contiguous section of the city. The construction of the B Street and Tiber sewers, emptying respectively into the Potomac and Anacostia Rivers, which filled its place as drain and filth-carriers, was, however, a substantial advance in the sanitation of the city.

During the long period between the reclamation of Pennsylvania Avenue and its improvement according to the plan of the Committee of the House of Representatives, the

¹ Report and operations of the Engineer Department of the District of Columbia for the year ending June 30, 1897, p. 103.

progress of street improvement was either stationary or so slow and unsatisfactory that citizens grew weary in futile efforts to obtain passable roadways for business purposes through the central and most populous section of the city. A few streets were year by year rudely prepared by filling the low places along their courses, setting curbstones, laying sidewalks, paving gutters along the curb-lines, and covering the carriage-ways with a few inches of gravel. In very many instances such improvements so obstructed the natural drainage-courses that large areas of private property were submerged. These collections of stagnant water depreciated property values and were so obstructive to building operations that considerations of injury and expense to lot-owners finally became so complicated and difficult of solution that the surveyors sought the opinion of Attorney-General Rush, who in his reply of November 25, 1817, decided that the rights of drainage through means of natural water-courses which originally flowed over "building-lots were not affected by the laying out of the city," and "that the cost of drainage must be borne by the proprietors of the lower lots," . . .

"provided that the water has been thrown upon it through natural means." There was, therefore, no escape for the owners of lots submerged by obstruction of the ordinary course of fall-water, except by filling the lots to the grade of the streets, thereby converting the street-gutters into water-and sewage-ways, through which flowed the street-washings and garbage refuse, and fluids not consumed by the flocks of geese and herds of swine that roamed at pleasure through the streets of the city.

The introduction of Potomac water in 1859 marks an important epoch in the history of sanitation of the city. Previous to that time the drinking-water supply was obtained from springs, pumps, wells, and, in a few instances, from private reservoirs of rain-water collected from roofs. There is no record of any measurements of the level of the ground-water in any part of the city, but, from observation of the

depth of wells and other sources, it can be approximately stated to vary in different localities from a few feet below the surface to greater depths in higher localities. The larger and smaller areas of porous soil must, therefore, have been constantly subject to capillary filtration, even to saturation, according to seasons, the amount of precipitation, and the volume of water in the principal drainage channels. The geological character of the basin naturally favors soil pollution from the seepage of the many thousands of cesspools, vaults, surface-box privies, and finally leaky and defective sewer-drains and house-drains. Soil pollution means, of course, water pollution of all the shallow and many deep wells which have recently been drilled in the hope of securing a purer water-supply.

The abatement of such evils, so baneful and detrimental to health, cannot be accomplished without systems of adequate water-supply and sewage disposal, which have not yet been completed. In recent years, commendable progress has been made, and Congress, at the last session, seemed to have awakened to the knowledge of the importance of the subject.

Sewer construction was begun in 1810 by an appropriation made by the city government of \$120 to erect "an arch on the south side of Pennsylvania Avenue between Ninth and Tenth Streets." During the period extending from that date to 1871, numerous sums were appropriated, mostly after the introduction of Potomac water, by the city and General Governments, which were expended in the construction of sewers, with a few isolated exceptions, in that part of the city lying south of M Street, North, and between Third and Seventeenth Streets, West. These sewers were designed to carry storm-water, subsoil water, and liquid sewage to the canal. The Franklin Square stream was the main trunk-line, which in the beginning was only arched at street-crossings, but is now completely concealed by extension of the arching and erection of buildings over it along its entire course. By the Act of Congress approved February 21,

1871, entitled "An Act to provide a Government for the District of Columbia," known as the "Territorial Government," a Board of Public Works¹ was created, which established the beginning of important and comprehensive sanitary improvements, consisting in the adoption of a general system of opening, regulating, and grading of the streets, and of their improvement by pavements with stone, wood-block, and concrete; widening, laying, and relaying of sidewalks; arching of running streams; decoration of parks and spaces; reclamation of lowlands; drainage of swamps; compulsory filling and draining of submerged lots, squares, and large areas; extension of the water-supply, and construction of a system of sewerage, which was "planned and built only where the rapid increase of population, and consequently of its waste water, made underground removal necessary at the time, without consideration of ultimate requirements." In 1874, after about eighty miles of sewers, mostly of pipes, had been constructed, the Board of Public Works was abolished and the government of the District was placed under the management of a board of three non-resident commissioners, which continued the general and extensive plan of improvements originated and prosecuted with energy at great cost by the Board of Public Works.

Notwithstanding the great progress of the sanitation of the city, especially in the abatement of many nuisances and the transference of others to points remote from the populous parts of the city, during the régime of the Board of Public Works and its immediate successor, many grave mistakes were made, the correction of which has required and will continue to require large additional expenditures "to bring the sewerage system up to the standard of modern sanitary engineering." Among the many defects were faulty construction, insufficient capacity to carry the storm-waters, "absence of slope, and therefore of scouring velocities,"

¹ Ex. Doc. No. 445, 51st Congress, 1st Session.

imperfect soil-drainage and ventilation, construction of pipe-sewers with loose and imperfect connections, permitting their obstruction by roots of trees; the building of James Creek Canal, which soon became, as it is to-day, an open channel of festering accumulation of filth, and the failure "to discharge the sewage into the channel of the river, or arranging to do so later." The discharge of sewage into "the canal at such elevations as to preclude its being carried into the river by sewers having a free discharge at high-tide," "created such a dangerous nuisance by the continual accumulation" of sewage deposit as to necessitate the filling of the canal and the construction of the Tiber Creek and B Street sewers. The construction of these large sewers with insufficient grade admits the entrance of tide-water, causing retardation of the flow of the sewage to a distance of two miles from the Eastern Branch in the Tiber Creek and one and a half miles from the river, in the B Street sewer, and has resulted in accumulation of deposits reaching several inches in depth and thousands of feet in length. The sewage from the B Street outlet found lodgement upon the Potomac flats, to the detriment of the health of the general public, and causing such continual increase of disease that the community at large remonstrated against the delay in efforts to reclaim these flats.

Under the Act approved June 11, 1878, entitled "An Act providing a permanent form of government for the District of Columbia," the government of the city was placed under the management of three commissioners, one of whom must be an engineer officer of the United States Army, to have charge of the engineering work. With the creation of this form of government began the work of the highest scientific skill upon the broadest lines of modern sanitary engineering, which, with the passage of the Bond bill of 1894, would have advanced the progress of sanitation in this city beyond that of any city in this country. Faulty work with unfit material and obstructed sewers have been replaced with better mate-

PLATE III.



PLATE IV.

of the CITY of
Washington
(in the Territory of Columbia,)
ceded by the States of
VIRGINIA and **MARYLAND**
to the
United States of America,
and by them established as the
SEAT of their **GOVERNMENT,**
after the Year
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rial in more durable manner. Out-falls have been improved. Storm-water, intercepting-sewers and trunk-line sewers have been constructed. Many defects have been corrected and the nuisances created by such mistakes have been finally abated.

Under the provision of the Act of Congress of March 2, 1889, entitled "An Act making appropriations to provide for the expenses of the Government of the District of Columbia for the fiscal year ending June 30, 1890," the President was authorized to appoint three sanitary engineers¹ charged with the duty of examining the system of sewerage of the District and to report with such suggestions and recommendations as might to them seem necessary or desirable for the modification and extension of the same. Their report, submitted July 17, 1890, was adopted by Congress in 1892. This report comprehends the problems of a system of sewerage, drainage, and sewage disposal in an unobjectionable manner, the prevention of inconveniences and damage from heavy rain-storms and freshets in the Potomac River, which have caused frequent inundations of the low areas in the central part of the city. Recently the improvements and extensions have been made in conformity to the recommendations set forth in that report. With the completion of this system it is believed that much will be accomplished for the sanitation of the National Capital. *Pari passu* with the progress of this work there must be extension and purification of the water supply, with destruction of surface springs and wells, and compulsory connection of inhabited and habitable houses with the systems of water-supply and sewage-disposal. Then, and then only, can we hope to limit the prevalence of preventable diseases and lessen mortality.

When the city was laid out there were no river-flats. At an early date, how early does not appear, there were discovered large areas of shoal water (see Plate III.) between the

¹ Rudolph Henry, of New York, Samuel M. Gray, of Rhode Island, and Frederick P. Sterns, of Massachusetts.

channels of the Potomac River, one between the middle and city channels, extending from a point opposite Twenty-fifth Street to Tenth Street, West, and a large area between the middle and Virginia channels, extending from about the same point opposite the foot of Twenty-fifth Street, West, to Greenleaf's Point, which increased by continuous deposition, and finally became one large area of exposed surface covered with a luxuriant growth of succulent and noxious weeds to rot and stink in the nostrils of a suffering community. Popular judgment ascribes the formation of these flats to the construction of the Analostan Causeway in 1805,¹ and the building of the Long Bridge in 1808.² It may be that these structures did promote the development of the flats and obliteration of the middle channel, but the early maps (1792-1800) of the city and river front mark the areas of shoal water corresponding with the location of the flats. Fortunately these flats have been reclaimed into an area of 621.12 acres of park-land,³ which in time to come will add beauty to the water front and contribute to the pleasure of the citizens.

L'Enfant, in 1791, measured the Anacostia River, at the point where the Benning Bridge is now located, to the depth of four and a half fathoms of water. At that time the current was along the western shore to its mouth. The existing extensive area of flats must therefore be a later formation, probably finding its cause in the building of the bridge at the foot of Kentucky Avenue in 1795, and the Benning Bridge in 1797. The citizens of that early date did not consider the possibilities of injuries which their enterprises

¹ An Act of Congress authorizing the Corporation of George Town to make a dam or causeway from Mason's Island to the western shore of the river Potomac, January 19, 1805.

² An Act of Congress authorizing the erection of a bridge over the river Potomac, within the limits of Columbia, February 5, 1808.

³ Including the reservoirs the total area is 739.42 acres. Act of Congress, August 2, 1882, making the first appropriation for the work.

might inflict upon the after-coming generations. How much the construction of the northeast boundary intercepting sewer, completed in 1885, has contributed to the rapid extension of the marshy area since that date cannot be determined beyond the belief that it has been such a potential factor in promoting the extension of the nuisance as to necessitate the construction of an intercepting sewer along the western shore of the river to the foot of New Jersey Avenue, which will carry the contents of the boundary intercepting sewer to deeper water and a more rapid current. Congress, during the last session, made an appropriation for a preliminary survey with the view to begin the reclamation of the Anacostia flats.

So much for drainage and sewerage sanitation. There is, however, another phase of municipal hygiene and preventive medicine. I refer especially to the activities of the medical profession in determining and eradicating the causes of preventable diseases. In the earlier decades there does not seem to have been any organized effort, not even in protest against legislation creating, extending, and establishing nuisances detrimental to health, much less in promotion of sanitary reforms. In 1797, in a population of two thousand, but seven deaths occurred in this city.¹ During succeeding decades fatal epidemics of "biliary fever," "intermittent biliary fever," and "biliary dysentery" prevailed at intervals of one, two, and three years, and of smallpox at longer intervals. In 1797 inoculation was first practised in this city, and in 1801 vaccination was introduced by President Jefferson. In 1832 the first and only invasion of Asiatic cholera occurred.

The first organized effort at sanitation was the appointment, in 1819, of a health officer,² charged with the duties of reporting to the Mayor "all nuisances . . . which might endanger the health of the citizens; all sources of dis-

¹ Washington Gazette, 1797.

² An Act to provide for a health officer for the City of Washington, August 14, 1819. Dr. Henry Hunt was appointed Health Officer.

ease, prevailing epidemics, and contagious diseases," with recommendations of means "to remove the evils, restrain their progress, and prevent their recurrence," and "to keep a correct register of deaths." In 1822¹ this office was abolished by the establishment of a Board of Health, composed of one physician and one layman from each of the six wards into which the city was then divided. To this board was granted the additional power to formulate a "code of regulations regarding the preservation or restoration of the health of the city, particularly in regard to pestilential or contagious diseases." With powers limited to the adoption of resolutions and submission of recommendations to the Mayor, without the authority to enforce any declaration or condemnation of a nuisance, but little if any progress was made in sanitation, until the cholera invasion in 1832,² when the board asserted its authority in the establishment of hospitals under its direct and exclusive control, together with the adoption of such regulations as seemed best to limit the prevalence of the epidemic.³ During subsequent years it seemed to have occupied

¹ An Act establishing Board of Health for the City of Washington, March 30, 1822.

² Three hospitals were established. Toner's Anniversary Address.

³ Under the authority to formulate such regulations the board claimed the right to exercise arbitrary powers, an example of which may be found in the ordinance declaring the "vending of ardent spirits in whatever quantity was a nuisance" and "directed the discontinuance of the sale of such spirits for ninety days from August 14, 1832."

And on August 16th it adopted a regulation prohibiting the introduction and sale of the following fruits, vegetables, etc., within the limits of the city "after the 22d instant, for the space of ninety days.

"Cabbage, green corn, cucumbers, peas, beans, parsnips, carrots, eggplant, simblins or squash, pumpkins, turnips, watermelons, cantaloupes, muskmelons, apples, pears, peaches, plums, damsons, cherries, apricots, pineapples, oranges, lemons, limes, cocoanuts, ice-creams, fish, crabs, oysters, clams, lobsters and crawfish."

Tomatoes, beets, potatoes, and onions were not included in this declaration of nuisances.

The public in mass meeting remonstrated against this edict of the board, and appealed to the "Mayor and city authorities to interpose in behalf of the citizens in vindicating the freedom of the market."

itself mainly in futile efforts to establish a hospital, until 1844 when, through its influence, the Washington City Infirmary, the first public general hospital in this city, was opened for the reception of patients. In 1846 Dr. Henry Hunt was succeeded in the presidency of the board by Dr. Thomas Miller, who, as the saying goes, took the bit in his mouth and asserted, with untiring persistence and vigor, the province of a board of health with sufficient authority to enforce its mandates. Additional powers were, year by year, granted by the City Council as it sought to extend and execute its authority. The scope of its usefulness was enlarged, with power to condemn and abate, as well as to declare, nuisances detrimental to health, to make and enforce regulations for the registration of vital statistics, and to provide medical care for the indigent sick at their homes. Dr. Miller never shirked a public duty or sought to escape from its responsibilities, and if he had been sustained as he deserved to be he would have accomplished many sanitary reforms of permanent value to this community. The lack of support may be illustrated by the citation of the following preamble and resolutions adopted June 30, 1849:

WHEREAS, The low grounds bordering on St. James Creek were, on the 15th of January last, declared by the action of this board in a state of nuisance, and no steps appearing to have been taken to abate the same; therefore

Resolved, That the members of the board for the Seventh Ward be authorized to cause said nuisance to be abated as far as practicable, provided it can be done at an expense not exceeding fifty dollars.

After the retirement of Dr. Miller the board continued to discharge its duties along the line laid out by him, but with less activity, until its reorganization and transformation, by the Act of Congress of February 21, 1871, into a political body composed of three physicians and two laymen, which occupied itself for the most part in wrangling, to the amusement of newspaper reporters and chagrin of good citizens. It did, however, formulate some health ordinances of practical value, which remain in force to-day.

The abolition of this board and creation of a health department under the direction of a health officer, by the Act of Congress of June 11, 1878, marks the beginning of an important era in the history of sanitation of the city. The routine course of the health department through a series of years failed to awaken public interest, and not until the Medical Society of the District of Columbia asserted its prerogative in all matters pertaining to the preservation of health, and preventive medicine, and the appointment, in 1894, of the present health officer, did the department assume the full measure of its responsibilities and rise to the high standard of intelligent and active discharge of its duties to the public at large. It must, however, be stated that since the installation of the present form of government, in 1878, the Board of Commissioners has, with commendable energy, prosecuted many measures of municipal sanitation and, in recent years, co-operated in every movement to promote and extend the scope of preventive medicine in this city.

Since the repeal of the corporate ordinance of 1819, which limited the selection of the Health Officer to the membership of the Medical Society of the District of Columbia, that body has not held any direct legal connection with the Board of Health and Health Office, except by virtue of the fact that medical members of such administrations were members of said Society, except in the unfortunate organization of the Board of Health under the Act of Congress of 1871. Nevertheless the Medical Society, in compliance with the injunction of the Code of American Medical Ethics, to counsel, advise, and direct communities in all matters pertaining to the preservation of health, and in obedience to the dictates of a beneficent profession, has asserted its prerogative of leadership, and will continue, with unabated zeal, to prosecute its privilege along the line of coercive and protective legislation in the interest of preventive medicine. With this view it has, with the co-operation of the commissioners, secured the enactment of laws for the District "to prevent the spread

of scarlet fever and diphtheria;" "to regulate the sale of milk;" "relating to the testimony of physicians in the courts;" "to regulate the practice of medicine and surgery, to license physicians and surgeons, and to punish persons violating the provisions thereof;" "to prevent the spread of contagious diseases;" "to regulate the disposal of certain refuse;" "to compel the connection of inhabited and habitable houses with the system of water-supply and sewage-disposal;" "to prevent the adulteration of foods and drugs," and "to regulate cemeteries and the disposal of dead bodies." These, and other enactments secured by the commissioners, with the concurrent support of the Medical Society, within the past eight years, constitute a comprehensive code of sanitary legislation in the interest of State medicine and public hygiene. But they fall short of a complete exhibit of the work of the Society in efforts to promote the sanitary improvement of the city, which is believed to have exercised considerable influence in securing favorable legislation by Congress.

In 1894 the Society adopted and transmitted to Congress the report of its committee appointed to investigate the causes of the undue prevalence of typhoid fever in this city, with the following recommendations, which set forth the conclusions of the Society:¹

1. The immediate abandonment of all wells within the city limits, exception only to be made in case of the absence of the Potomac water-supply, and where the wells, after repeated chemical and bacteriological examinations, have been found to be free from all possible sources of danger; but even these to be abandoned as rapidly as possible.
2. Perfection of the sewage system already existing by replacing, as rapidly as possible, all damaged or defective drains.
3. The introduction of new sewers in advance of other improvements in parts of the city not now supplied with drainage, and the extension of the system as far outside of the city limits as the rapidly-growing population demands, so as to prevent soil contamination.

¹ Report of H. of R., June 14, 1890.

4. The adoption of some system by which the lower sections of the city can be more completely drained and the risk arising by the backing up of the tide-water and sewage prevented.

5. The final and safe disposal of sewage.

6. To make all existing privies, vaults, or other receptacles of human excreta water-tight, and by rigid inspection and penalties to prevent the danger from leakage and overflow.

7. The early completion of the plans recommended by Colonel Elliot, in charge of the Washington aqueduct, and now in course of execution, which have in view the sedimentation of the Potomac water, and ultimately the completion of works for filtration and the proper method of purification.

8. The suppression of all privies and the enforcing of the law to make sewer-connections.

9. Careful inspection of all dairies in the District from which our milk-supply is drawn, and the enactment of a law by which no milk shall be sold in the District without a permit from the Health Office. The inspection shall cover an examination of the dairies of all possible sources of infection, including the water-supply.

10. The urging upon the members of the profession of a careful collation of all facts bearing upon mode of infection in each case, and the advantage of reporting such facts to the Society, and the propagation of the doctrine that immediate disinfection of the stools is the first duty of the physician as guardian of the community.

These conclusions were reaffirmed a year later by Dr. George M. Kober, special sanitary medical inspector, in the report of his "investigation of five hundred cases of typhoid fever, selected at random from those occurring in the District of Columbia between July 1 and October 31, 1895." Again, in 1896, the Society formulated and transmitted to Congress the following propositions, which embody a complete and final statement of its recommendations in regard to the subjects to which they relate.

WHEREAS, The City of Washington, being the Capital of the United States, should be placed and kept in the best sanitary condition; and

WHEREAS, Such condition can only be secured by having every habitation and habitable house connected with an ample supply of pure drinking-water, and with a system of foul-water and sewage-disposal which will promptly remove such fluids beyond the city

limits in such manner as to absolutely prevent soil pollution; therefore, be it

Resolved, First. That the general system of water-supply from the Potomac River should be extended so as to be available for the supply of every habitable building now in the city or which may be erected within the city limits, and that this provision should be extended as far as possible to the immediately adjacent suburban districts.

Second. That the general water-supply should be purified by sedimentation and filtration (the first being necessary at certain times and the second at all times) before it is admitted to the mains.

Third. That the system of sewerage which has been adopted should be extended *pari passu* with the system of general water-supply until every habitable house can be readily connected with it.

Fourth. With the completion and purification of the conduit system of water-supply all springs, pumps, and wells should be closed by such means and methods as will prove so effective that no human being can obtain drinking-water from either of these sources.

Fifth. As rapidly as possible, *pari passu* with the extension of the conduit system of water-supply and system of sewerage, the owners of every inhabited and habitable house be compelled to make satisfactory connections with such systems of water-supply and sewerage, and all privy boxes, cesspools, and other methods of disposal of human excreta be effectively abolished.

Sixth. Without adequate supply of pure water for all domestic purposes, and sewer-connections of habitable and inhabited houses, pollution of soil, food, and drinks, and the diseases due to such pollution, cannot be prevented.¹

Some of these recommendations have been made effective by later legislation, and others are as far advanced in course of accomplishment as the time elapsed since the enactment of the necessary laws will permit, with favorable results, as shown by the diminution of the number of pumps to 123,² and compulsory connections of houses with the systems of water-supply and sewage-disposal to the number of 1748, June 30, 1898, but more distinctly by the extension of the water-mains to 346.74 miles, and of sewers to 382.83 miles, to June 30, 1898, and consequent reduction of the death-rate

¹ Senate document, No. 183, 55th Congress, 1st Session.

² To this number must be added 31 drilled wells, a recent but questionable attempt to secure a pure drinking-water.

of typhoid fever from 67 in 1885-1890 to 48 for the year ending June 30, 1898, to every 100,000 of the population.¹

To demonstrate more completely the beneficent effects of sanitary reforms, the following comparative illustration may be cited:

In 1870 the cities of Berlin and Washington were alike in primitive and objectionable methods of sanitation. Without adequate distribution of insufficient water-supply, the larger part of their populations was dependent for drinking-water upon public and private wells. Without systems of sewerage, both were alike supplied with makeshifts for the disposal of human excreta, foul water, and house sewage. The unpaved streets were the common receptacles of garbage refuse,

¹ In calculating the death-rate of typhoid fever, deaths reported due to typho-malarial fever are charged to the typhoid fever death-rate.

In 1875-76 the death-rate per thousand from diarrhoeal diseases was 3.22; it has not been so high at any subsequent time. For 1897-98 it was 1.14.

The death-rate from whooping-cough in 1875-76 was 0.22 per thousand. The highest point reached since that time was 0.65 in 1888-89. For the year just ended it was 0.30.

The death-rate from consumption in 1875-76 was 3.69 per thousand. In 1879-80 it reached its highest point, 4.20. During the year just ended it was 2.38.

In diarrhoeal diseases, whooping-cough, and consumption the death-rate has been uniformly higher for the colored race than for the whites.

In 1875-76 the death-rate from measles was 0.02 per thousand. It reached its highest point in 1883-84, when it was 0.89. For 1897-98 it was 0.03. There has been no constant relation between the death-rates of the two races from this disease, the rate for the colored being sometimes higher and sometimes lower than for the whites.

The death-rate from scarlet fever in 1875-76 was 0.03 per thousand. The highest point reached was in 1876-77, 0.09. The rate for the year just ended was 0.05. With the exception of a single year the death-rate from scarlet fever has been much higher among the whites than among the colored.

The death-rate from diphtheria was in 1875-76, 0.25 per thousand. The highest point reached was in 1877-78, 0.73. The death-rate for the year just ended was 0.46. The relation between the death-rates from diphtheria of the two races has not been constant, although the whites have suffered most.

and along the gutters the surface-drainage and house-drainage were conducted to the neighboring water-courses. Since the city of Berlin began the system of sanitary improvement, completed in 1890 at a cost of fifty-nine millions of marks for a pure and ample water-supply and forty-two and a half millions for construction of sewers, the death-rate from typhoid fever has fallen from 143 in 1872 to 4 in 1894, per 100,000 of its inhabitants. Mark the difference, however, that our typhoid fever is still twelve times greater than that of Berlin, a condition entirely due to the fact that the German Capital has a pure supply of filtered water, while we are compelled to have recourse to water from the Potomac River, where pollution has been established beyond a question of doubt.

Other investigations, reports, and recommendations emphasize the work and influence of the medical profession in the promotion of sanitary progress, as shown in the report¹ of Senator Proctor in favor of "making an appropriation for the improvement of the Anacostia River and the reclamation of its flats," which is, for the most part, based upon a report of a committee and the testimony of members of this Society.

Municipal sanitation includes the establishment and management of hospitals, dispensaries, and other medical charities. Every hospital,² general and special, in the city and every dispensary owes its foundation and success to the leadership, activity, and enterprise of some one or more of the medical profession, and here, as elsewhere and everywhere, in all times past and in all civilized countries, the progress of sanitary science and reform is due to the medical profession, which in order to fill the measure of its philanthropy goes so far as to advocate laws which will limit disease to the unavoidable ailments "to which flesh is heir," and thereby lessens its own income. It has likewise been foremost in efforts to correct the abuses of medical charities and

¹ Senate Report, No. 454, 55th Congress, 2d Session.

² Personal Reminiscences, by the author, pp. 212, 244.

to reduce the expenses of such institutions to the minimum cost of adequate maintenance.

In the foregoing *résumé* of the history of sanitation of this city, covering a period of one hundred and seven years, I have given credit where credit is due. Many incidents, circumstances, and data have been omitted, but the record is sufficiently full to show the magnitude of the work accomplished and in progress, to the end that with the completion of the system of sewage-disposal and adequate extension and purification of the water-supply this city will be among the foremost of the most favored cities of the world in all that pertains to the prevention of avoidable diseases.

HISTORY OF THE EFFORTS TO SECURE A BETTER WATER-SUPPLY FOR THIS CITY.

As early as 1890, in a *Contribution to the Etiology of Typhoid Fever*, Dr. George M. Kober cited the notable fact that following the epidemic at Cumberland, Md., the first case of which occurred December 10, 1889, the number of deaths from the disease in this city from December, 1889, to April 30, 1890, was 74, nearly double the number during the corresponding months of the previous year. "This may," adds Dr. Kober, "have been a coincidence, but it may also confirm the conclusions of the English River Pollution Commission, that nothing short of abandonment of the inexpressibly nasty habit of mixing human excrement with our drinking-water can confer upon us immunity from the propagation of epidemics through the medium of potable water."

But to Dr. G. Lloyd Magruder must be awarded the merit of initiating an investigation which placed this Society in the front in efforts to secure a better water-supply for this city. In a lecture delivered before the Sanitary League February 5, 1894, Surgeon Charles Smart, U. S. A., emphasized the great prevalence and high death-rate of typhoid fever in this city, and attributed it to pollution of the Potomac water-supply. These statements Dr. Magruder, who was in the audience, promptly challenged. In a subsequent publication in the *Evening Star*, Dr. John S. Billings and Prof. Clifford Richardson, the District chemist, disputed the accuracy of Dr. Smart's statement referring to the pollution of the Potomac water-supply. While subsequent investigations have not verified Dr. Smart's statement that the high percentage of typhoid fever in this city was due mainly to

the distribution of the germs of the disease through the Potomac water, they point to the conclusion that it is one of the sources of infection, and that one which offers the greatest danger.

Dr. Magruder did not drop the subject at this point, but at the meeting of this Society, February 7th following, called attention to the statements that had been made, and upon his motion a committee composed of himself and Drs. W. W. Johnston and C. M. Hammett was appointed to investigate the causes of the prevalence and high death-rate of typhoid fever in the District of Columbia.

This committee based its investigation upon the following inquiries :

1. The prevalence and mortality of typhoid fever in the District.
2. The relation of the dissemination of the disease to the—
 - (a) Public water-supply.
 - (b) To the pollution of the soil with leakage from privies, from defective sewers, and from backing up of sewage from tidal movements.
 - (c) To the drinking of well or pump water.
 - (d) To contaminated milk and to other causes.
3. The difference in mortality in different areas of the city, with a view to discover the causes of the disease.
4. Conclusions, based upon the foregoing data, as to what measures should be taken to diminish the spread of the disease.

The committee prosecuted their investigations with remarkable energy and diligence. On June 6, 1894, their report, accompanied with numerous maps, charts, and diagrams illustrating its context, was submitted to the Society with the following recommendations, which after consideration were unanimously adopted:

1. The immediate abandonment of all wells within the city limits, exception only to be made in case of the absence of the Potomac supply, and where the wells, after repeated chemical and bacteriological examinations, have been found to be free from all possible sources of danger; but even these to be abandoned as rapidly as possible.
2. Purification of the sewerage system already existing by replacing as rapidly as possible all damaged or defective drains.

3. The introduction of new sewers in advance of other improvements in parts of the city not now supplied with drainage, and the extension of the system as far outside of the city limits as the rapidly-growing population demands, so as to prevent soil contamination.

4. The adoption of some system by which the lower sections of the city can be more completely drained, and the risks arising from the backing up of tidewater and sewage prevented.

5. The final and safe disposal of the sewage.

6. To make all existing privies, vaults, or other receptacles of human excreta water-tight, and by rigid inspection and penalties to prevent the danger from leakage and overflow.

7. The early completion of the plans recommended by Colonel Elliot, in charge of the Washington aqueduct, and now in course of execution, which have in view the sedimentation of the Potomac water, and ultimately the completion of works for filtration, the only proper method of purification.

8. The suppression of all privies and the enforcing of the law to make sewer-connections.

9. Careful inspection of all dairies in the District from which our milk-supply is drawn, and the enactment of a law by which no milk shall be sold in the District without a permit from the Health Office. The inspection shall cover an examination of the dairies of all possible sources of infection, including the water-supply.

10. The urging upon the members of the profession of a careful collation of all facts bearing upon mode of infection in each case, and the advantage of reporting such facts to the Society, and the propagation of the doctrine that immediate disinfection of the stools is the first duty of the physician as guardian of the health of the community.

G. L. MAGRUDER,
W. W. JOHNSTON,
C. M. HAMMETT,
Committee.

These recommendations comprehend the wide scope of the inquiries and show conclusively the thoroughness and completeness of the committee's investigations. Subsequent investigations have reaffirmed their conclusions and so extended the field of research along the line indicated by Surgeon Charles Smart as to emphasize the necessity of sedimentation and filtration of the drinking-water supply.

Immediately after the adoption of this report the Society, through Commissioner Truesdell, received an invitation from the Committee of the House of Representatives on the District of Columbia, and on June 14th, through its committee, composed of Drs. S. C. Busey, W. W. Johnston, G. L. Magruder, C. H. A. Kleinschmidt, G. Wythe Cook, S. S. Adams, and D. W. Prentiss, presented the report to the committee of the House, which, after two hearings, reports of which were published in the local press, ordered it to be printed as a public document. Four thousand copies were printed and widely distributed throughout the country.

It is believed this is the first and only instance of a medical society appearing by invitation before a committee of Congress, and of the publication by Congress of a report of its investigation into the sanitary condition of a city. The bill then pending, known as the Bond bill, to provide means to complete the water-supply and sewage-disposal systems, passed the House of Representatives, but failed in the Senate.

On October 24, 1894, Dr. John S. Billings, who had recently returned from a visit abroad, read by request, before the Society, a paper entitled "Filtration Methods of Water-supply and Sewage Disposal in Some Large European Cities," in which the distinct statement is made that "the securing of an abundant and pure water-supply appears to be the most urgent need of Washington at the present time," and adds, "Sedimentation alone will not give us satisfactory results, and rapid filtration through steel cylinders, with or without the addition of alum or other chemicals, while quite as costly as the simple sand filtration, does not give an equal guaranty of the purity of the water." This paper was published in full in the *Evening Star* of October 25th, and attracted wide-spread attention, because it set forth from actual observation and study the superiority of sand filtration over other methods.

In December, 1894, the President of this Society was appointed chairman of the Committee on Public Health of

the Washington Board of Trade, and continued at the head of that committee until the appointment of General George M. Sternberg, in December, 1897. At a public meeting of the Board of Trade, held January 22, 1895, specially set apart for that purpose, the chairman of the Committee on Public Health, in an address, set forth the results of the investigation of the committee of the Medical Society, and urged the importance of active and co-operative effort of the Board of Trade to secure such legislation as would protect the community from the prevalence and high death-rate of typhoid fever. Several other public meetings, one in the banquet hall of the Shoreham, one in the parlor of the Washington Club, and another at the Builders' Exchange, were held during the month of February, 1895, under the auspices of the Board of Trade, which were addressed by the chairman and Dr. W. W. Johnston, in the hope that such impetus might be given to public sentiment as might secure the necessary legislation. In the report of the Committee on Public Health of the Board of Trade, bearing date of November 11, 1895, attention is called to the investigations made by this Society in 1894.

In this report the committee emphasize the importance of the extension of the system of sewerage and completion and purification of the water-supply, including the abolition of pumps and wells, and establishment of a proper system of sedimentation and filtration. In the reports of 1896 and 1897 the committee renew these recommendations to the Board of Trade, which have been three times unanimously approved by said board.

By invitation Prof. W. P. Mason, of Troy, N. Y., delivered, January 30, 1895, an address before this Society on the subject of water-supply of cities, in which he set forth the necessity of sedimentation and filtration, and demonstrated the superiority of sand filtration over all other known methods.

Professor Mason has made a special study of the water-

supply of cities, and is the author of a text-book on the subject, which is generally accepted as the highest authority in this country on that subject.

In 1895 the Commissioners of the District of Columbia appointed Dr. George M. Kober special medical sanitary inspector, who submitted, November 27, 1895, the result of his "investigation of 500 cases of typhoid fever, selected at random from those occurring in the District between July 1, 1895, and October 31, 1895, inclusive," which concludes with the following recommendations :

First. The immediate closing of every well in the District whenever a better water-supply can be obtained.

Second. The early completion and extension of all necessary sewers within the city limits, and the enforcement of the law to make sewer-connections.

Third. The abandonment of all box-privies within the city limits, and the enactment of more stringent laws for the prevention of soil pollution, together with a rigid, frequent, and systematic inspection of all box-privies in the suburbs.

Fourth. The improvement of the Potomac water by means of filtering-basins, and the extension of the water-supply to the suburbs at the earliest moment practicable.

Fifth. Such measures as may be necessary to improve the sanitary condition in the lower part of the city, along the Potomac and the Eastern Branch, looking to the reclamation of stagnant and polluted marshes and the prompt disposal of the sewage.

Sixth. The enactment of a law requiring notification to the Health Officer of all cases of typhoid fever and other infectious diseases in the District of Columbia, together with a rigid enforcement of the building regulations requiring the cementing of cellars and basements, to prevent contamination of the air from polluted subsoils, and the systematic inspection of dairies inaugurated by you.

In the mean time, as a preventive measure, I earnestly recommend to the public the thorough disinfection of the excreta from all typhoid-fever patients and greater care on the part of those connected with the sick, together with boiling the water-supply and milk-supply.

A most conservative estimate demonstrates that the number of cases of typhoid fever for the four months ending October 31st was scarcely less than 795. These cases represented 30,800 days lost in sickness, at an average cost of \$1 per day. Assuming annual average

of 1500 cases, the loss amounts to \$90,000 per annum, thus indicating that it will be in the highest degree wisdom as well as economy to apply a prompt, speedy, and effective remedy.

It affords me great pleasure to testify to the fact that my investigation tends to confirm the conclusions reached by the special committee appointed by the Medical Society of the District of Columbia, and so ably presented in their report submitted June 6, 1894.

In October, 1895, in compliance with the request of United States Attorney Birney, Drs. Busey, Kober, and Woodward appeared before the grand jury of the District of Columbia to testify in regard to the causes and prevalence of typhoid fever in this District. In its report to Judge Cole, in Criminal Court No. 1, submitted December 18, 1895 (*Evening Star*, December 18, 1895), the grand jury makes the following recommendations:

That a system of sedimentation and filtration in connection with the water-supply is primarily necessary.

That the water-supply is entirely inadequate and should be increased.

That, as opportunity offers, all pumps and wells used for drinking-purposes should be closed.

That the use of box-privies be discontinued by law.

That all improved premises abutting on public sewers and water-mains should be connected with such sewers and water-mains, and their occupancy unless so connected be prohibited by law.

That legislation relative to a more thorough inspection of milk is absolutely essential.

That we earnestly hope and recommend there may be such immediate legislation as will improve the sanitary conditions along the Potomac and Eastern Branch, looking to the reclamation of the marshes in that section and the disposal of the polluted matter forced upon them under the present sewerage-system.

At the moment, the river should be dredged from the mouth of every large sewer to the river channel.

We further recommend that a law be enacted compelling all physicians to report to the health department every case of zymotic disease coming to their knowledge.

We make this report in the hope that it will stimulate action on the part of the authorities charged with such a vital question as the public health, as well as to remind the General Government of its responsibility in the premises.

In the report of the Committee on Public Health of this Society, submitted January 26, 1896 (see Public Health Report, March 6, 1896), the conclusions and recommendations of the committee of 1894 are reaffirmed. The committee asserts that "the agitation of the subject of the purification of the Potomac water is forced upon us, as physicians, by every recent addition to our knowledge of the subject," and adds that sand filtration is the "most convenient and effective method for the purification of drinking-water," and "must be adopted ultimately for the water-supply of Washington."

At the same meeting the President submitted the following propositions, which were unanimously adopted:

WHEREAS, The City of Washington, being the Capital of the United States, should be placed and kept in the best sanitary condition; and

WHEREAS, Such condition can only be secured by having every habitation and habitable house connected with an ample supply of pure drinking-water, and with a system of foul-water and sewage-disposal which will promptly remove such fluids beyond the city limits in such manner as to absolutely prevent soil pollution; therefore, be it

Resolved, First. That the general system of water-supply from the Potomac River should be extended so as to be available for the supply of every habitable building now in the city or which may be erected within the city limits, and that this provision should be extended as far as possible to the immediately adjacent suburban districts.

Second. That the general water-supply should be purified by sedimentation and filtration (the first being necessary at certain times and the second at all times) before it is admitted to the mains.

Third. That the system of sewerage which has been adopted should be extended *pari passu* with the system of general water-supply until every habitable house can be readily connected with it

Fourth. With the completion and purification of the conduit system of water-supply all springs, pumps, and wells should be closed by such means and methods as will prove so effective that no human being can obtain drinking-water from either of these sources.

Fifth. As rapidly as possible, *pari passu* with the extension of the conduit system of water-supply and system of sewerage, the owners

of every inhabited and habitable house be compelled to make satisfactory connections with such systems of water-supply and sewerage, and all privy-boxes, cesspools, and other methods of disposal of human excreta be effectively abolished.

Sixth. Without adequate supply of pure water for all domestic purposes and sewer-connections of habitable and inhabited houses, pollution of soil, food, and drinks, and the diseases due to such pollution, cannot be prevented.

At a public meeting of the Board of Trade, February 25, 1896, at which the report of its Committee on Public Health was considered, the foregoing propositions, submitted by the chairman of its committee, were adopted, with the following additional recommendations:

WHEREAS, The numerous and constantly-increasing area of marsh along the eastern border of the city is a constant menace to the health of the residents of the eastern section of the city, and especially so to the inmates of the almshouse and hospital, St. Elizabeth's Asylum, and army and naval forces, officials and employés at the marine barracks and navy-yard; therefore, be it

Resolved, That the reclamation of these marshes is imperatively demanded and should be accomplished without unnecessary delay.

During the same year, 1896, this Society, through its Committee on Legislation, had a hearing before a subcommittee having charge of the appropriation bill for the District of Columbia, at which the necessity of speedy completion of the system of sewage-disposal and extension and purification of the water-supply were fully discussed.

On January 15, 1897, the Civic Centre of the City of Washington adopted the following preambles and resolution:

WHEREAS, The statistics of the Health Officer of the District of Columbia indicate an almost uniform increase and excessive prevalence of typhoid fever during the past fifteen years; and

WHEREAS, The experience of the civilized world points to a contaminated water-supply as the most important factor in the causation of this disease; therefore, be it

Resolved, That we, the Civic Centre of the City of Washington, a body composed of members who are working for the public good, most earnestly pray the Senate and House of Representatives in Congress assembled that you will create a commission . . . for

the purpose of determining the present sources of contamination of the Potomac River and the measures necessary to remedy, remove, and prevent such pollution, if found to exist.

At a recent discussion, November, 1897 (see *Evening Star*, November 20, 1897), of the pollution and sources of contamination of the Potomac water-supply, before the National Geographic Society, by Dr. E. K. Sprague, of the Marine-Hospital Service, and Prof. A. P. Davis, hydrographer of the United States Geological Survey, the conclusion was set forth that properly-constructed filter-beds were the only practical means of purifying the public water-supply.

More recently, at public meetings of the Board of Trade, held January 20 and February 4, 1898, to consider the reports of committees on public health and water-supply, the agitation of the subject was renewed and the opinion expressed that completion of the systems of water-supply and purification and sewage-disposal were imperatively demanded by every consideration of public sanitation.

In the letter of the Acting Secretary of War in response (Senate Document No. 94, second session, Fifty-fifth Congress) to resolutions of the Senate of January 10, 1898, the reports from the Surgeon-General of the Army and of Captain D. D. Gaillard, Corps of Engineers, "relative to the filtration of the water-supply of the District of Columbia," General Sternberg sums up the result of his investigation in the statement as follows:

So far as I am able to judge at present, the most reliable and practicable method of obtaining the object in view would be the construction of filter-beds similar to those in use for purifying the water-supply of London, Hamburg, and other European cities, and at Lawrence, Mass., in this country.

And Captain Gaillard, in the third of his conclusions, says :

The drainage area of the river above the Great Falls is so large, and lies in so many different States, that it is believed that it will be utterly impracticable either to pass or to enforce such laws as will entirely protect the Potomac from pollution, and when the citizens

of the District demand a water-supply free from suspicion it must be secured by filtration.

The foregoing *résumé* of the history of this agitation sets forth the active efforts of this Society to complete the sanitation of this city. Every investigation has led to the same conclusions. The Board of Commissioners has added the force of official indorsement and approval of its recommendations and in various ways sought to secure necessary legislation; the Board of Trade has added the weight of popular judgment and indorsement, and recently the local press, more especially the *Evening Star*, have contributed the influence of their editorial columns to the promotion of such legislation as would secure an adequate supply of unpolluted drinking-water. All these efforts have proved futile, and the city remains to-day the prey of a single preventable disease, which has cost its citizens, in loss of life and actual outlay in the past ten years, more than would have been required to complete the systems of water-extension and purification and sewage-disposal.

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